

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90033 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M83871

1. Corporation Name
PRIME FOOD SYSTEMS, INC.



Principal Place of Business
 2024 POWERS FERRY RD.
 SUITE #150
 ATLANTA GA 30339-5011
 US

Mailing Address
 2024 POWERS FERRY RD.
 SUITE #150
 ATLANTA GA 30339-5011
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 127 PEACHTREE ST. N.E. Suite, Apt. #, etc.	26 127 PEACHTREE ST. N.E. Suite, Apt. #, etc.
22 16 TH FLOOR City & State	27 16 TH FLOOR City & State
23 ATLANTA, GA Zip 30303 - Country	28 ATLANTA, GA Zip 30303 - Country
24 1845 25 FULTON	29 1845 30 FULTON

3. Date Incorporated or Qualified	Applied For
05/31/1988	Not Applicable
4. FEI Number	\$8.75 Additional Fee Required
65-0059114	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRADY, JAMES C
 1318 S.E. SECOND AVENUE
 FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
LAUDERDALE	FL 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PSOINOS, MICHAEL G.	
STREET ADDRESS	2024 POWERS FERRY ROAD, SUITE #150	
CITY-ST-ZIP	ATLANTA GA 11	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPOON, JAMES R.	
STREET ADDRESS	2024 POWERS FERRY ROAD, SUITE #150	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PSOINOS, MICHAEL G.	
1.3 STREET ADDRESS	2525 SEA ISLAND DRIVE	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPOON, JAMES R.	
2.3 STREET ADDRESS	2525 SEA ISLAND DRIVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Spoon **RECEIVED REQUIRED** JAMES R. SPOON 1-25-99 404-681-3450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)