

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06472 (5)
1. Corporation Name
SUNNY FRESH FOODS, INC.



Principal Place of Business 15407 MCGINTY ROAD WAYZATA MN 55391 US	Mailing Address P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US
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3. Date Incorporated or Qualified 06/19/1985	3a. Date of Last Report 04/12/1996
4. FEI Number 41-1518244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JERRY R.	1.2 NAME	
STREET ADDRESS	208 W. 4TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO MN	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYRE, JAMES A.	2.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, BRUCE H	3.2 NAME	
STREET ADDRESS	15407 MCGINTY ROAD WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JEANNE Y.	4.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEAZEY, WILLIAM W.	5.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, ANNE E.	6.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD, WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Bruce H. Barnett* **BRUCE H. BARNETT** 4-24-97 612-742-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)