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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32752** **(8)**

1. Corporation Name
COLORADO PRIME CORPORATION

Principal Place of Business
1 MICHAEL AVENUE
FARMINGDALE NY 11735

Mailing Address
1 MICHAEL AVENUE
FARMINGDALE NY 11735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1991

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
11-2826129
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	C	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	DORDELMAN, WILLIAM		1.2 NAME	Steven Lachenmeyer	
STREET ADDRESS	1 MICHAEL AVE		1.3 STREET ADDRESS	1 Michael Ave	
CITY-ST-ZIP	FARMINGDALE NY		1.4 CITY-ST-ZIP	Farmingdale, NY 11735	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, WILLET		2.2 NAME		
STREET ADDRESS	ONE MICHAEL AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE NY		2.4 CITY-ST-ZIP		
TITLE	SV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOSEPH		3.2 NAME		
STREET ADDRESS	1 MICHAEL AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE NY		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOHLBERG, JAMES A		4.2 NAME		
STREET ADDRESS	1270 AVE OF THE AMERICAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LACOVARA, CHRISTOPHER		5.2 NAME		
STREET ADDRESS	116 RADIO CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT KISKO NY		5.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	6.1 TITLE	600002423190	☐ Change ☐ Addition
NAME	TAYLOR, THOMAS		6.2 NAME	-02/06/98--01005--027	
STREET ADDRESS	1 MICHAEL AVE.		6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	FARMINGDALE NY		6.4 CITY-ST-ZIP		

2/5

CR2E034 (10/97)

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.

SIGNATURE: _____ Steven Lachenmeyer (516) 694-4444