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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1998 8:00am Secretary of State

ľ	MENT # P9200 G'S PRIME MEATS, INC.	00001025 (5)		 	101 11314 8 8148 1188; 814 1881;
Principal Plan	ce of Business	Mailing Address			
225 E INDIANTOWN RD 2		225 E INDIANTOWN RD JUPITER FL 33477			
				DO NOT WRITE IN THIS	S SPACE:
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a, Mailing Address		10/30/1992 4. FEI Number	Applied For
21		26		65-0365206	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	lo	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
SAFRAN, PAUL JR 265 SUNRISE AVE S-204 PALM BCH FL 33480			OL CHECK	ress (P.O. Ble Number is Not Acceptable) PGA Blud, Litt 500 PGA S FI	es 7io Codo
office or i agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered a	ite of Florida. Such change was igations of, Section 607,0505, F	authorized by the corporal lorida Statutes.	·	of changing its registered pointment as registered
12.	D OFFICENS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	GNIESKI, WILLIAM J.		12 NAME		stangs stantasti
STREET ADDRESS	33 POPLAR RD.		1.3 STREET ADDRESS		
CITY-S1-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	GNIESKI, PATRICIA		2.2 NAME		
STREET ADDRESS	33 POPLAR RD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	TEQYESTRA FL		2. 4 CITY - ST - ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T neiten	3.4. CITY+ST-7IP		
TITLE		☐ DELĒTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.1 IIILE 5.2 NAME		The relation The Workload
STREET ADDRESS					ļ
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	_	☐ DELETE	5 4 C/TY - ST - Z/P 6 1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		onengo monitori
STREET ADDRESS	}		6.3 STREFT ADDRESS		

6.4 CITY - ST - ZIP CITY-\$T-ZIP 14. Thereby 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 eath, that I am are officer or director of the corporation or the receiver or trusted 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

2/20/98

(511) 747-1088