

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **093000009230**
1. Corporation Name
Fire Star Meats & Seafood Inc.

Principal Place of Business: **630 N. Hague Ave. Columbus Ohio 43204**
Mailing Address: **630 N. Hague Ave. Columbus Ohio 43204**

3. Date Incorporated or Qualified: **02/05/1993**
3a. Date of Last Report
4. FEI Number: **65-0385513**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACON ROBERT J.
4424 N. GULF CR.
N. FT. MYERS FL 33903**

81 Name: **SAME**
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: **Robert J. Bacon** **ROBERT J. BACON D/P D/S D/T** **25 April 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	MELTON RICHARD K.	
STREET ADDRESS	572 S.E. 20th AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	BACON KURT A.	
STREET ADDRESS	5645 Pacific Ave	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D/S D/T	<input type="checkbox"/> DELETE
NAME	BACON ROBERT J	
STREET ADDRESS	4424 N. GULF CR.	
CITY-ST-ZIP	N. FT. MYERS FL. 33903	
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	D/P D/S D/T	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	BACON ROBERT J	
1.3 STREET ADDRESS	4424 N. GULF CIRCLE	
1.4 CITY-ST-ZIP	NORTH FORT MYERS FL. 33903	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Add on
2.2 NAME	BACON KURT A.	
2.3 STREET ADDRESS	156 NORTH ST/P.O. BOX 525	
2.4 CITY-ST-ZIP	WESTVILLE IN. 46391	
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	900001807589	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	-05/04/96--01004--024	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert J. Bacon** **ROBERT J BACON** **25 April 1996** **614-279-1288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (12/95)