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 # P93000072289 (0)

1. Corporation Name
WORLD'S BEST SMOKED FOOD'S INC.

Principal Place of Business
3901 DR. MARTIN LUTHER KING JR. BLVD.
BAYS 21. 22. 23
FT. MYERS FL 33916

Mailing Address
3901 DR. MARTIN LUTHER KING JR. BLVD.
BAYS 21. 22. 23
FT. MYERS FL 33916

2. Principal Place of Business
21 7093 NW 3 AVE
Suite, Apt. #, etc.
22
City & State
23 BOCA RATON FL
Zip 24 33487 Country 25 USA

2a. Mailing Address
26 7093 NW 3AVE
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL
Zip 29 33487 Country 30 USA

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0443767 — 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

9. Name and Address of Current Registered Agent
CARAMAGNO, RICHARD A.
12932 ELM CREEK COURT
FORT MYERS FL 33919

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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P ☑ DELETE
NAME	CARAMAGNO, RICAHRD
STREET ADDRESS	3901 DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	FORT MYERS FL
TITLE	VP ☑ DELETE
NAME	CARAMAGNO, RICHARD
STREET ADDRESS	3901 DR. MARTIN LUTHER KING, JR. BLVD.
CITY-ST-ZIP	FORT MYERS FL
TITLE	S ☑ DELETE
NAME	CARAMAGNO, RICHARD
STREET ADDRESS	3901 DR. MARTIN LUTHER KING, JR. BLVD
CITY-ST-ZIP	FORT MYERS FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO ☑ Change ☐ Addition
1.2 NAME	CARAMAGNO, RICHARD
1.3 STREET ADDRESS	3901 DR MARTIN LUTHER KING JR BLVD
1.4 CITY-ST-ZIP	FORT MYERS FL 33916
2.1 TITLE	COO ☐ Change ☑ Addition
2.2 NAME	SAMMONS DAVID A
2.3 STREET ADDRESS	7093 NW 3AVE
2.4 CITY-ST-ZIP	BOCA RATON FL 33487
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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6-14-96

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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: [signature] 6-4-96 407-241-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #