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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90070 030 ***150.00

DOCUMENT # **P93000085024**1. Corporation Name

WHAT'S YOUR BEEF?, INC.

Principal Place	of Business	Mailing Address				1 18811881 119 19198 11111 00111 121	() 68111 68161 181			111 6161 1661
665 E 70TH AVE		665 E 70TH AVE								
UNIT 5		UNIT 5			DO NOT WEB	re in This s	DACE	:		
DENVER CO 80229		DENVER CO 80229			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
					l	12/13/1993				Ì
2.57		2a. Mailing Address				4. FEI Number	-		Δnn	lied For
一 ・	ace of Business	⊢ " *				59-3213789		-		Applicable
21 Suite, Apt. 1	H ata	Suite, Apt. #, etc.				38-32 13709		\$8.7	_	ditional
	4, etc.				5. Certifcate of Status Desired			e Req		
22 City & State		27 City & State			6. Election Campaign Financing	4	- \$5	00 4	May Be	
23		28			Trust Fund Contribution			ded to	• ,	
Zip	Country	Zip Country			8. This corporation owes the curre	ent vear Intar	ngible			
24	25	<u> </u>	30			Personal Property Tax.		ŬYes		□No
	9. Name and Address of Current				,	10. Name and Address of New R	egistered A	gent		
			8	1 1	Name					
HOFFER, JENNIFER		82		2 6	Stroot Address	ss (P.O. Box Number is Not Accepta	hle)			<u> </u>
3460 COUNTRYSIDE BLVD., #38				י ן	Sileet Addres	SS (F.O. BOX NGIIIDOI IO NOLVIBOOPIO	.0.0,			
CLEA	RWATER FL 34621		83	3						
			_		<u> </u>			loc l	Zip Co	odo
			84	۱ (۴	City	•	FL	85	Zip Ci	Jue I
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	ve-n	amed corpor	ration submits this statement for the	purpose of c	hangin	g its r	egistered
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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADIR SI	griatura requirec v	ADDITIONS/CHANGES TO OF		DIRE	CTO	RS IN 12
TITLE	DP OF FICERS AND	DELETE	1.1 TITLE	:				☐ Cha		Addition
NAME	GLUCKIN, JOHN		1.2 NAME							
	3460 COUNTRYSIDE BLVD., #38	1	1.3 STRE		DRESS					
STREET ADDRESS	CLEARWATER FL 34621	,	1.4 CITY-							
CITY-ST-ZIP TITLE	DS DELETE		2.1 TITLE					☐ Cha	ınge	Addition
1			2.2 NAME							
NAME	BRUMBER, BONNIE 2526 SR 580 #714		2.3 STREET ADDRI		NOESS					
STREET ADDRESS			2. 4 CITY-S1							
CITY-ST-ZIP	CLEARWATER FL 34621	□ DELETE	3.1 TITLE		ur		······	Cha	nge	Addition
TITLE	•		3.2 NAME			• •			-	_
NAME			3.3 STRE		nnpess					
STREET ADORESS			3.4. CITY-							
CITY-ST-ZIP	·	☐ DELETE	4.1 TITLE		<u> </u>			☐ Cha	inge	Addition
TITLE		Land Williams	4. 2 NAME					_	-	_
NAME .			4.2 NAME		nnpess					
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		JP			☐ Cha	ande	Addition
TITLE	•	الما الما الما	5.2 NAME						·	_
NAME			5.3 STRE		DORESS					
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP		□ DELETE	6.1 TITLE					☐ Cha	ange	Addition
TITLE			6.2 NAME					•		
NAME			6.3 STRE		noress					
STREET ADDRESS										
CITY-ST-ZIP			6.4 CITY-	-31-2	ur					

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, with all other like empowered.

SIGNATURE: