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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 28 1997 8:00am

Secretary of State

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## POCUMENT # P9400032869 (7)

COLORADO CHOICE MEAT CO., #6, INC.

Principal Place of Business Mailing Address										
· '		•	lailing Address				1 100011001 110 10111 01011 00111 00111		rr#87 19110 01	****   211 1931
9871 WENDELL ROAD			1025 S SEMORAN BLVD SUITE 1075							
DALLAS TX 75	243		U/3   PARK FL 32792-5	511						
30		411111111111111111111111111111111111111	THUS IL WEIGE'S				3. Date Incorporated or Qualified	3a. Da	te of Last	Report
							04/28/1994	05/	01/1996	:
	lace of Business	2a. Maile	ing Address	· <del></del>			4. FEI Number			Applied For
21		26					59-3239702		1	Vot Applicable
Sulte, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
			27				Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	n ' '				8. This corporation has liability for intangible tax under s. 199.032,			
24	25		29 30				Florida Statutes Yes No			
	9. Name and Address of Curre	ent Registered	Agent		1	Name	10. Name and Address of New Re	jisterea i	Agent	
	LERSON, JAMES L.			ľ	"	Name				
1025 S. SEMORAN BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
SUN		83								
) WIN	TER PARK FL 32792			8	3					
·				8	4	City			85 Zir	Code
								FL		
Pursuant office or r	to the provisions of Sections 607.05 ealstered agent, or both, in the Stat	າ02 and 607.15 te of Florida  St	08, Florida Statul ich change was	les, th∈ abo authorized l	ve-a bv t	named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of it the app	changing oinIment a	its registered is realstered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes										
SIGNATURE Signature. Speed or printed name of registered agent and title if appricable (NOTT: Hogistore) Agent signature required when rest stateg)  DATE										
12.	infriture, typed or printed name of registered a	gent and title it applie ND DIRECTOR	cable (NO)	T: Registere A	Agent	t signature require	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	DRS IN 12
TITLE	PVTS	IND DIRECTOR	DELETE	1.1 1111.6	=	···	7.6511161107011711026110 01116	21107012	Change	
NAME	RAULERSON, JAMES L JR.		L. Vettile	1,2 NAM					L_1 Ondings	, La radiiron
STREET ADDRESS	1025 S SEMORAN BLVD SU	TE 1075		1.3 STRE		223900				
CITY+ST-ZIP	WINTER PARK FL	1070		1.4 CITY						
TITLE	THILLY I PARK I L		DELETE	2.1 TITLE		- 211			Change	Addition
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STREET ADDRESS				2 3 STRE		DDRESS	•	5 -		
CITY-ST-ZIP				2 4 011 Y						
TITLE			DELETE	3 1 71711					Change	: Addition
NAME				3 2 NAM					v	
STREET ADDRESS				3 3 S18E		DDRESS				
CITY-ST-ZIP				3.4. CHY		·				
TITLE		******	DELETE	4 1 TITLE		-5."			Change	Addition
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CITY-ST-ZIP				4.4 CITY		l,				
TITLE			☐ DELETE	5 1 TH LE					☐ Change	Addition
NAME				5.2 NAM					_	·
STREET ADDRESS				5 3 STRE		ODRESS				
CITY-ST-ZIP				5.4 CHY		1				
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAM	E					ļ
STREET ADDRESS				6.3 STRE		DORESS				
2.,				1						1

14. I do 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 eath; 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.