


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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000049289 (9)</b>			
1. Corporation Name <b>D &amp; B MEAT MARKET, INC.</b>			
Principal Place of Business <b>4775 FAY BLVD. UNIT 2 COCOA FL 32927</b>		Mailing Address <b>4775 FAY BLVD. UNIT 2 COCOA FL 32927-8246</b>	
2. Principal Place of Business		3a. Date of Last Report <b>03/15/1996</b>	
21 Suite, Apt. #, etc.		4. FEI Number <b>59-3248636</b>	
22 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		9. Name and Address of Current Registered Agent <b>BAKER, DAVID W 4225 FLUME ST. COCOA FL 32927</b>	
26		10. Name and Address of New Registered Agent	
27		81 Name	
28		82 Street Address (P.O. Box Number is Not Acceptable)	
29		83	
30		84 City	
		85 Zip Code <b>FL</b>	
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			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
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 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: <b>DAVID W. BAKER</b>		3-20-97 407-635-8515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)