

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000082275 (6)

1. Corporation Name

H.M.A.R. FOODS, INC.

Principal Place of Business

208 N. ALEXANDER STREET
PLANT CITY FL 33567

Mailing Address

208 N. ALEXANDER STREET
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 204 Hwy 60 W

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FBI Number

59-3276910

Applied For

Not Applicable

Suite, Apt. #, etc.

22 City & State

23 Plant City, Florida

24 33567 25 U.S.A.

Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

NYMARK, DENNIS V
102 S. PEBBLE BEACH BLVD.
SUITE B-103
SUN CITY CENTER FL 33573

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

6-15-95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SOBH, KHALIL I
STREET ADDRESS 208 N. ALEXANDER STREET
CITY- ST- ZIP PLANT CITY FL 33567

TITLE VDS
NAME SOBH, HAMMOUD I
STREET ADDRESS 208 N. ALEXANDER STREET
CITY- ST- ZIP PLANT CITY FL 33567

TITLE VDT
NAME SOBH, ASSAAD I
STREET ADDRESS 208 N. ALEXANDER STREET
CITY- ST- ZIP PLANT CITY FL 33567

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

6-15-95

CR2E034 (3/95)