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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000015082 (7)

COLORADO CHOICE MEAT CO., #7, INC.

FILED
May 14 1998 8:00am
Secretary of State

| Principal Place of Business Ma                                |  | Mailing Address                  | lailing Address            |                |   |                   |
|---|--|----------------------------------|----------------------------|----------------|---|-------------------|
|   |  | 1025 S. SEMORAN BOULI            | DULEVARD                   |                |   |                   |
| Unit a Suite 1075<br>Birmingham al 35216 Winter Park Fl 32792 |  |                                  |                            | DO NOT WRITE   | E IN THIS SPACE   |                   |
| US THINK TE SEED  |  |                                  |                            |                | 3. Date Incorporated or Qualified   |                   |
| ''  |  |                                  |                            |                | 02/21/1995  |                   |
| 2, Principa   | Place of Business                                | 2a. Marting Address              |                            | <del></del>    | 4. FEI Number   | Applied For       |
| 21  |  | 26                               |                            |                | 59-3298661  | Not Applicable    |
| Suite, Ap   | Suite, Apt. #, etc. Suite, Apt. #, etc.          |                                  |                            |                | 5. Certificate of Status Desired  | \$8.75 Additional |
| 22  |  | 27                               |                            |                | U. Commodic ci ciclas Decire  | Fee Required      |
| City & S  | tate   | City & State                     |                            |                | 6. Election Campaign Financing  | \$5.00 May Be     |
| 23  |  | 28                               |                            |                | Trust Fund Contribution   | Added to Fees     |
| Zip   | Country  | Zφ                               | Country                    |                | 8. This corporation owes or has p   |                   |
| 24  | 25   | 29                               | 30                         | <del></del>    | Personal Property Tax due June 10. Name and Address of New Re                             |                   |
|   | g, Name and Address of Curre                     | nt Hegistered Agent              | 81                         | Name           | 10. Haine and Address of New III  | ogiatolad Agolit  |
| RAULERSON, JAMES L.   |  |                                  |                            |                |   |                   |
| 1   | 025 S. SEMORAN BLVD                              |                                  | 82                         | Street A       | ddress (P.O. Box Number is Not Accepta  | ıble)             |
|   | WITE 1075  |                                  | 83                         | <del></del>    |   |                   |
| , v   | VINTER PARK FL 32792                             |                                  |                            |                |   |                   |
|   |  |                                  | 84                         | City           |   | FI 85 Zip Code    |
|   |  | 00 and CO7 14 00. Florida Ctatut |                            | named 6        | paragration submits this statement for the  |                   |
| office of agent.  | F  |                                  |                            |                | corporation submits this statement for the<br>oration's board of directors. I hereby acco |                   |
|   | Signature, typed or printed name of registered a |                                  |                            | nt signature r | equired when reinstating)   | DATE              |
| 12.   |  | ND DIRECTORS  DELETE             | 13.                        |                | ADDITIONS/CHANGES TO OFFI   | Change Addition   |
| TITLE   | PVTS   | רין אנרכונ                       | 1.1 TITLE                  |                |   | C crange Avancer  |
| NAME  | ASSES A STREET AND ALBERT AND                    |                                  | 1.2 NAME                   |                | •   |                   |
| STREET ADDRES   |  | AND, SUITE 1075                  | 1.3 STREET                 |                |   | 22.741            |
| CITY-ST-ZIP   | WINTER PARK FL                                   | DELETE                           | 1.4 C/1Y - S]<br>2.1 T/TLE |                | ZIP 00DE 15   | Change Addition   |
| TITLE   |  | <del></del>                      |                            |                |   |                   |
| NAME  |  |                                  | 2.2 NAME                   | 1000000        |   |                   |
| STREET ADDRES   | ss   |                                  | 2.3 STREET                 |                |   |                   |
| CITY-ST-ZIP   | <del> </del>                                     |                                  |                            | T-ZIP          |   | Change Addition   |
| TITLE   | · · · · · · · · · · · · · · · · · · ·            |                                  | 3.1 TITLE<br>3.2 NAME      |                |   |                   |
| NAME  |  |                                  |                            | ADDDESS.       |   |                   |
| STREET ADDRES   | SS (   |                                  | 3.3 STREET                 | ļ              |   |                   |
| CITY-ST-ZIP   |  |                                  | 3.4. CITY-S<br>4.1 TITLE   | SI-ZIP         |   | Change Addition   |
| TITLE   | _  |                                  |                            |                |   |                   |
| NAME  |  |                                  | 4.2 NAME<br>4.3 STREET     | AMORES         |   | !                 |
| STREET ADDRES   | SS   |                                  |                            |                |   |                   |
| CITY-ST-ZIP   | <del>  -</del>                                   | DELETE                           | 4.4 CITY - ST              | 1-ZIP          |   | Change Addition   |
| TITLE   |  | C brreit                         | 5.1 TITLE<br>5.2 NAME      | i              |   |                   |
| NAME  |  |                                  |                            | ADDDCCC        |   | 1                 |
| STREET ADDRES   | SS   |                                  | 5.3 STREET                 |                |   | 1                 |
| CITY-ST-ZIP   |  | DELETE                           | 5.4 CITY - S'<br>6.1 TITLE | 1 - ZIP        |   | Change Addition   |
| TITLE   | 1  |                                  | 0.1 1111.0                 |                |   |                   |

6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP