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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM 1. Corporation N BAYWO	IENT # P950 DOD FOODS, INC.	00045230 ((6)					
Principal Place of Business Mailing Address 815 ORIENTA AVE. SUITE 6 SUITE 6							10: 1 :310 111	18\$
ALTAMONTE	SPRINGS FL 32701	ALTAMONTE SPRIN	VGS FL 32701		3. Date Incorporated or Qualified 06/12/1995	3a. Date o	of Last Re	port
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		T A	pplied For
<u>.</u>		26			1 59-3318925	-		lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
03. 0.05-1-		City & State			Election Campaign Financing			tequired
City & State		28			Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Count	ry	This corporation has liability for it. Florida Statutes Yes			
24	25 9. Name and Address of Curr	29 rent Registered Agent	30]		10. Name and Address of New R		gent	
			8	1 Name				
FILINGS, INC.			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
	W. 16TH STREET							
ft. Lau	DERDALE FL 33311-4132		6	3				
			8	4 City		FL	85 Zip	Code
			I				1 1	mintered office
11, Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statu	utes, the above	e-named corpor	ration submits this statement for the pur	rixose or char	iging its re	agistered office
or registered	the provisions of Sections 607.05 d agent, or both, in the State of FI , and accept the obligations of, Se	lorida. Such change was author	rized by the co	e-named corpor rporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of char ointment as r	iging its re egistered	agent. I am
or registered familiar with SIGNATURE	d agent, or both, in the State of FI , and accept the obligations of, Se	orida. Such change was author ection 607.0505, Florida Statute	rized by the co es.	e-named corpor rporation's boa	rd of directors. Thereby accept the app	rpose of char ointment as r	egistered	agent. I am
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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 in made under oath; that I am an officer or director of the corporation or the receiver of rustee 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 written address.

SIGNATURE: SIGNATURE AND T

AHSON RAZA 4

93/827) Daytime Phone #