

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050724 (0)

1. Corporation Name

WHITE EAGLE FOOD COMPANY

Principal Place of Business

Mailing Address

444 Brickell Avenue Rivergate Plaza
Suite 300
Miami, FL 33131

1080 N. Delaware Avenue
Suite 506
Philadelphia, PA 19125

500001803455
-05/01/96-01077-016

***200.00 ***200.00

3. Date incorporated or qualified in U.S. Date of Last Report
6/29/95 N/A

2. Principal Place of Business	2a. Mailing Address	4. FET Number	Applied For
21 7685 Debeaubien Dr.	26 201 East Pine Street	23-2793445	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27 1200	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 Orlando, Florida	28 Orlando, Florida	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution			
Zip	Zip	Country	Country
24 32835	25 Orange	29 32801	30 Orange
29 32801	30 Orange	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Merkin, Stewart A.
444 Brickell Avenue Rivergate Plaza
Suite 300
Miami, FL 33131

81 Name	85 Zip Code
Marshall, Byrd F., Jr., Esq.	
82 Street Address (P.O. Box Number is Not Acceptable)	
Gray, Harris & Robinson, P.A.	
83	
201 East Pine Street, Suite 1200	
84 City	85 Zip Code
Orlando	FL 32801

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

Byrd F. Marshall, Jr., Esq.

4/30/96

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/P/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Stallone, Sylvester
STREET ADDRESS		1.3 STREET ADDRESS	7685 Debeaubien Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Rosenberg, David
STREET ADDRESS		2.3 STREET ADDRESS	7685 Debeaubien Drive
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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:

David Rosenberg 4/30/96

(407)299-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)