

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

DOCUMENT # P95000057926 (4)

1. Corporation Name

BEEFS ONE, INC.



Principal Place of Business

Mailing Address

5537 SHELDON ROAD  
SUITE O  
TAMPA FL 33615

5537 SHELDON ROAD  
SUITE O  
TAMPA FL 33615

3. Date Incorporated or Qualified

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21 11274 W. HILLSBOROUGH AVE

26 11274 W. HILLSBOROUGH AVE

4. FEI Number

Applied For

59-3340350

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRONG, GARY  
5537 SHELDON ROAD  
SUITE O  
TAMPA FL 33615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11274 W. HILLSBOROUGH AVE

83

84 City TAMPA

FL

85 Zip Code 33635

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DORMAN, TED  
STREET ADDRESS 5537 SHELDON ROAD, SUITE O  
CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STRONG, GARY  
STREET ADDRESS 5537 SHELDON ROAD, SUITE O  
CITY-ST-ZIP TAMPA FL 33615

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS 11274 W. HILLSBOROUGH AVE

1.4 CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS 11274 W. HILLSBOROUGH AVE

2.4 CITY-ST-ZIP TAMPA, FL 33635

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. I enclose an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/96

813-886-0809

CR2E034 (12/95)