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

DOEDDOORSORE (O)

1. Corporation	VIENT# P930C Name 'S PRIME CUT, INC.	000093	o (O)				
Principal Place	of Business	Mailing Addres	S				
3101 LAKE JUNE BLVD. LAKE PLACID FL 33852		3101 LAKE JUNE BLVD. LAKE PLACID FL 33852					
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995	_
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For	_
Suite, Apt. #, etc.		26				¢9.75 A-1-1-1-1	
22		27				5. Certificate of Status Desired Fee Required	
City & State	r	Orty & State				6. Election Campaign Financing \$5.00 May Be	_
Zip Country		28 Zip			,	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,	_
24	25 29 30		, , , , , , , , , , , , , , , , , , ,		Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent		1	r	10. Name and Address of New Registered Agent	
רטטג ו	INIDA			81	Name		
COOK, LINDA 3101 LAKE JUNE BLVD. LAKE PLACID FL 33852				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
				84	City	■■■ 85 Zip Code	
44 12	A	0				FL T T T T T T T T T	
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was	s authorized by the	corp	named corp oration's bo	poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am	€
SIGNATURE	n, and accept the borgations of, sec	ution 637,0505, Florida	i Statutes.				
	Signature, typed or printen name of registered age			o Ager	nt signature requ	uired when renistating) DATE	_
12. TITLE	OFFICERS AT	D DIRECTORS 13.		TITLE	Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	COOK, WAYNE		1.2 \A			[Citalige [Macilion	
STREET ADDRESS	AAAA LAKE IIINE BILAD			1.3 STREET ADDRESS			ĺ
CITY-ST-2IP	LAKE PLACID FL 33852				ST-7IP		
TITLE	DELETE 2 1		2 1 TILLE		Change Addition	_	
NAME	COOK, LINDA		221	2 2 NAME			
STREET ADDRESS	3101 LAKE JUNE BLVD.		235	STREET	ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852			ITY-5	il - ZIP		
TITLE		□ DE	LETE 3. 1	3. 1 TITLE		Change Maddition	
NAME				IAME	-		
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP TITLE		DE		CITY - S	11-71P	Change Addition	
NAME		. [.]	ELETE 4. 1 YIT 4.2 NAA			Change Addition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				HY-S			
TITLE		[] DE		TITLE	11-21	Change Addition	-
NAME				IAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			I CHTY-S1-ZIP				
TITLE		F3 56, 526		3 1 TITLE		Change Addition	1
NAME			621	IAME			
STREET ADDRESS			635	STHEET	ADDRESS		
CITY-ST-ZIP	attamenta ta t		6.4 CITY - ST - ZIP				
14. Edo hereby	vicertify that the information supplied	Lwith this filing is valur	tarily furnished and	doo	s not qualify	y for the exemption stated in Section 119.07/3/k). Florida Statutes, Lightner	-

roomersy coming matched information supplied with this ining is woundarily furnished and does not quality 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: X May COM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4/30/96 × 465-7057