


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028029 (2) 1. Corporation Name GREAT FOODS, INC.	Principal Place of Business 1035 N.W. 81ST TERRACE PLANTATION FL 33322	Mailing Address 1035 N.W. 81ST TERRACE PLANTATION FL 33322-5777
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent RUMORE, JOSEPH C 1035 N.W. 81ST TERRACE PLANTATION FL 33322	10. Name and Address of New Registered Agent 81. Name JONATHAN P. SCHROEDER 82. Street Address (P.O. Box Number is Not Applicable) 540 E. McNAB RD. "C" 83. 84. City POMPANO FL 85 Zip Code 33060
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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: **JONATHAN P. SCHROEDER** *[Signature]* **4/30/97**
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMORE, JOSEPH C	1.2 NAME	
STREET ADDRESS	% 1035 N.W. 81ST TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33322	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACO, V W	2.2 NAME	
STREET ADDRESS	% 1035 N.W. 81ST TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33322	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDIVE, PETER P	3.2 NAME	
STREET ADDRESS	% 1035 N.W. 81ST TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33322	3.4 CITY - ST - ZIP	
TITLE	PRES. + DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN P. SCHROEDER	4.2 NAME	JONATHAN P. SCHROEDER
STREET ADDRESS	540 E. McNAB RD. "C"	4.3 STREET ADDRESS	540 E. McNAB RD. "C"
CITY - ST - ZIP	POMPANO, FL 33060	4.4 CITY - ST - ZIP	POMPANO, FL 33060
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 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.

SIGNATURE: **JONATHAN P. SCHROEDER** *[Signature]* **4/30/97** **954-9080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)