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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000029641 (3)

1. Corporation Name MACKNIGHT SMOKED FOODS FLORIDA, INC.

Principal Place of Business 550 N.E. 185th Street Mailing Address

550 N.E. 185th Street

FILED

99 DEC -9 PM 1:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Miami.			20120	i	
Miami, FL 33179 Miami, FL 3317		33179	DO NOT WRITE IN	TUIC CDACE	
					THIS SPACE
				3. Date Incorporated or Qualifed	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		1/02-17003403	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24	25	29	30	Personal Property Tax.	_☐Yes☐No
Name and Address of Current Registered Agent			10. Name and Address of New Registe	red Agent	
			81 Name		
Jonathan R. Rubin		62 Street /	Address (D.O. Boy Abumber is blot Accontable)		
9200 S. Dadeland Blvd.		62 30661	Address (P.O. Box Number is Not Acceptable)		
Suite 6	03		83		
Miami,	FL 33156		<u></u> _		
-			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpos pration's board of directors. I hereby accept the s	e of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblica:	or Fiorida. Such change was au tions of. Section 607.0505. Flori	itnonzed by the corpo ida Statutes.	oration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DAT	ŧ
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	V/S/D	X DELETE	1.1 TITLE	P/D	Change 4 Addition
NAME	Joanna MacKnight		1.2 NAME	- (-	
STREET ADDRESS	550 N.E. 185th Str	oot		Ian MacKnight	
011121112011201		CCL	II 13 SINGELADORESS I	FEO N W 1054L Com-	
CITY_ST_7ID			1.3 STREET ADDRESS	550 N.E. 185th Street	
CITY-ST-ZIP	Miami, Florida 331	79	1.4 CITY-8T-ZIP	Mismi, FL 33179	X1Change 1 Addition
TITLE			1.4 CITY-8T-ZIP 2.1 TITLE	Miami, FL 33179 VP, S, T, D	∑ Change
TITLE NAME		79	1.4 CTTY-8T-ZIP 2.1 TITLE 2.2 NAME	Mismi, FL 33179	Change ☐ Addition
TITLE NAME STREET ADDRESS		79	1.4 CTTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Miami, FL 33179 VP, S, T, D	I Change
TITLE NAME STREET ADDRESS CATY-ST-ZIP		79 □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Wiemi, FL 33179 VP, S, T, D Jonathan S.R. Brown 550 N.E. 185th Street	
TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE		79	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Wismi, FL 33179 VP, S, T, D Jonathan S.R. Brown	Change
TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME		79 □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Wiemi, FL 33179 VP, S, T, D Jonathan S.R. Brown 550 N.E. 185th Street	
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14. I 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNAMO OFFICER OR DIRECTOR

CR2E034 (11/98)