

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058720 (9)

1. Corporation Name
LAREDO & LEFTY FOODS, INC.

Principal Place of Business
C/O MARTIN A. TRABER, ESQ.
100 NORTH TAMPA STREET #2700
TAMPA FL 33602

Mailing Address
C/O MARTIN A. TRABER, ESQ.
100 NORTH TAMPA STREET #2700
TAMPA FL 33602

FILED
97 SEP 17 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1996		3a. Date of Last Report	
4. FEI Number 59-3391758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 15310 Amberly Drive Suite, Apt. #, etc. 22 Suite 250 City & State 23 Tampa, FL Zip 24 33647		2a. Mailing Address 26 15310 Amberly Drive Suite, Apt. #, etc. 27 Suite 250 City & State 28 Tampa, FL Zip 29 33647	
Country 25 Hillsborough		Country 30 Hillsborough	

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3527

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P/S/D
NAME	GARNER, DAVID E	1.2 NAME	Bruce Gannett
STREET ADDRESS	C/O 100 NORTH TAMPA STREET #2700	1.3 STREET ADDRESS	15310 Amberly Drive, Suite 250
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 or is indicated on an attachment to this address.

SIGNATURE _____ 30 1997

CR2E034 (4/97)