

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

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90012 009 ***150.00
 03-19-1999 90012 010 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000072970
 1. Corporation Name
LAND O LAKES FOOD MASTERS INC.

Principal Place of Business: 7715 LAND O LAKES BOULEVARD, LAND O LAKES FL 34639-5704
 Mailing Address: 7715 LAND O LAKES BOULEVARD, LAND O LAKES FL 34639-5704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/04/1996
 4. FEI Number: 59-3177488 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
BOUDIB, NABIL A
 7715 LAND O LAKES BOULEVARD
 LAND O LAKES FL 34639-5704

10. Name and Address of New Registered Agent
 81 Name: Fadia Boudib
 82 Street Address (P.O. Box Number is Not Acceptable): 7715 Land o Lakes BLVD
 83 City: Land o Lake Fl
 84 City: FL 85 Zip Code: 34639

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: *Fadia Boudib* DATE: 2-9-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DELETED <input checked="" type="checkbox"/>	1.1 TITLE: Fadia m Boudib	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BOUDIB, NABIL		1.2 NAME: Fadia m Boudib	
STREET ADDRESS: 7715 LAND O LAKES BLVD.		1.3 STREET ADDRESS: 2042 east Bear's Ave 304	
CITY-ST-ZIP: LAND O LAKES FL 34639-5704		1.4 CITY-ST-ZIP: Tampa, Fl 33613	
TITLE: VD	DELETED <input checked="" type="checkbox"/>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOUDIB, NADIM J		2.2 NAME:	
STREET ADDRESS: 7715 LAND O LAKES BLVD.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LAND O LAKES FL 34639-5704		2.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	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:	DELETED <input type="checkbox"/>	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 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 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.

SIGNATURE: *Fadia Boudib* DATE: 2-9-99
 (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)