

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000078031 (7)**

1. Corporation Name:  
**SOUTH BAY FOODS, INC.**



Principal Place of Business  
**11380 PROSPERITY FARMS ROAD #201  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**11380 PROSPERITY FARMS ROAD #201  
PALM BEACH GARDENS FL 33410-3495**

3. Date Incorporated or Qualified: **09/19/1996**  
3a. Date of Last Report

2. Principal Place of Business  
21 **515 Palm Beach Road**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **515 Palm Beach Road**  
Suite, Apt. #, etc.

4. FEI Number: **65-0705941**  
Applied For:  Not Applicable

22 City & State  
23 **South Bay, FL**

27 City & State  
28 **South Bay, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip: **33493**  
Country: **Palm Beach**

29 Zip: **33493**  
Country: **Palm Beach**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**HELGESEN, ANDREW  
11380 PROSPERITY FARMS ROAD #201  
PALM BEACH GARDENS FL 33410**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GROOMS, ALBERT D</b>	1.2 NAME	<b>Grooms, Albert D.</b>
STREET ADDRESS	<b>515 PALM BEACH ROAD</b>	1.3 STREET ADDRESS	<b>515 Palm Beach Road</b>
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>	1.4 CITY-ST-ZIP	<b>South Bay, FL 33493</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GROOMS, JAN L</b>	2.2 NAME	<b>Grooms, Jan L.</b>
STREET ADDRESS	<b>515 PALM BEACH ROAD</b>	2.3 STREET ADDRESS	<b>515 Palm Beach Road</b>
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>	2.4 CITY-ST-ZIP	<b>South Bay, FL 33493</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<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: **Albert D. Grooms** **Albert D. Grooms** **1-10-97** **561-996-2770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)