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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085171 (2)

FILED Feb 26 1998 8:00am Secretary of State

PREMIE	ER FOODS OF MAIN STRE	ET, INC.) 	Jatil Hills Jardi dan dhai
		and the second control of a first term of the second control of th			
Principal Place		Mailing Address			
7006 ATLANTIC BLVD JACKSONVILLE FL 32211		7006 ATLANTIC BLVD JACKSONVILLE FL 32211			
ANONDOMVILLE PL 32211		JACKSUNVILLE PL 32211		DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified	
				10/14/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3408549	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	···		\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Ζ φ	Country	8. This corporation owes or has paid the curr	ent year Intangible
24	25	29	30		Yes No
	p. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gēht
	Ker, Jerry		81 Name		ļ
7006 ATLANTIC BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JAC	CKSONVILLE FL 32211				
_			83		
_			84 City		85 Zip Code
1				<u> </u>	<u> </u>
SIGNATURE				rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as registered
	Signature typed or printed name of registered as	ent and title if applicable (NOT VD DIRECTORS	t: Registered Agent signature requ		DIRECTORS IN 40
12. TOTLE	DP CHOCKS A	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	ASKER, JERRY		1.2 NAME	•	
STREET ADDRESS	7006 ATLANTIC BLVD		1.3 STREET ADDRESS		
1	JACKSONVILLE FL 32211		1		ì
CITY-ST-ZIP TITLE	0/10/10/11/2021 / 2 02211	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		Land Street L	3.2 NAME	•	
STREET ADDRESS			3 3 STREET ADDRESS		
i .			3.4. CITY-ST-ZIP		1
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		And Second	4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
i		•	4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE.	5.1 TITLE		Change Addition
NAME		occur	5.2 NAME	•	
			5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE.	6 † TITLE		Change Addition
NAME		Lad Decert	62 NAME	•	
			6.3 STREET ADDRESS		
STREET ADDRESS			.		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 13 if changed or on an attachystic with an address

SIGNATURE:

Jum -

JERRY Arker

Per, 2/2/9f

94.993-09