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 # 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME Street address P97000011418 (5)

PORK CHOP, INC.

Address ### Ad
2. Principal Place of Businoss 2. Principal Place of Businoss 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Businoss 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 02/03/1997 4. FEI Number 753287 Applied For 05-0753287 Not Applied For 05-
2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Applied For Not Applicable \$8.75 Additional Fee Required Fee Required City & State City & State City & State City & State Country Zip Zip Zir Zir Zir Zir Zir Zir
2a. Maiting Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. Zip 2c. Zip 2c. Country 2c. Zip 2c. Zip 2c. Country 2c. Zip 2c. Country 2c. Zip 2c. Zip 2c. Country 2d. Zip 2d. Zip 2e. Country 2e. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 2c. Name and Address of Current Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name 2d. Street Address (P.O. Box Number is Not Acceptable)
2a. Maiting Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. Zip 2c. Zip 2c. Country 2c. Zip 2c. Zip 2c. Country 2c. Zip 2c. Country 2c. Zip 2c. Zip 2c. Country 2d. Zip 2d. Zip 2e. Country 2e. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 2c. Name and Address of Current Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name and Address of New Registered Agent 2d. Name 2d. Name 2d. Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 22 City & State City & State 28 Country 29 Country 29 Country 29 Country 29 Registered Agent LAFFELY, DAVID L 4980 SW 12TH ST MARGATE FL 33068 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Added to Fees 7 In Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 22 City & State City & State 28 City & State Country 29 20 Country 20 21 Country 21 Country 22 23 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20
City & State City & Country & State City & State City & Country & State City & State City & Country & State City & Country & State City & Country & State Country & S
City & State City & State 28 City & State 29 Country 29 R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Parsonal Property Tax due June 30. Yes No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33068
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Year Intangible Personal Property Tax due June
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent LAFFELY, DAVID L 4980 SW 12TH ST MARGATE FL 33068 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
Name and Address of Current Registered Agent LAFFELY, DAVID L 4980 SW 12TH ST MARGATE FL 33068 Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
LAFFELY, DAVID L 4980 SW 12TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33068
4980 SW 12TH ST MARGATE FL 33068 Street Address (P.O. Box Number is Not Acceptable)
4980 SW 12TH ST MARGATE FL 33068 82 Street Address (P.O. Box Number is Not Acceptable)
MARGATE FL 33068
63
84 City 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
Signature, typed or profiled name of registered agout are talled applicable (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD DELETE 11 TITLE Change Addition
NAME LAFFELY, DAVID L 12 NAME
STREET ADDRESS 4980 SW 12TH ST 1.3 STREET ADDRESS
CITY-ST-ZIP MARGATE FL 33068 14 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CiTY-ST-ZIP 2 4 CiTY-ST-ZIP TITLE DELETE 31 TiTLE Change Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CiTY-ST-ZIP 3.4. CiTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition
TITLE DELETE 5.1 TITLE GRANGE Addition

14. Thereby 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 surplingental enough report is true and acceptate 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 trusted exposure that execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing from an attachment with a radio execute this report as required by Chapter 607, Florida Statutes.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

☐ DELETE

David Caffell - 76-98 9720

Addition

☐ Change

FILED

May 19 1998 8:00am

Secretary of State