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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032773 (8)

MILARDO'S MEATLAND, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I MONINGON NIN JANIN NOON ABIN: ABINN ABINN BRINN NING NEDIN NOON NOON NAN NOON
1595 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952		1595 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
		The Marie Addition			04/10/1997
2. Principal Place of Business		2a. Mailing Address			FEI Number Applied For Not Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.			\$0.75 Additional
22	#, DiG.	[27]			Certificate of Status Desired Fee Required
City & State		City & State	 		Election Campaign Financing \$5.00 May Be
23		Zip Country			Trust Fund Contribution
Zip	Country	Zip	h—	'Y	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		10. Name and Address of New Registered Agent
FARRELL, RICKY L 81 Name					
1595 SE PORT ST LUCIE BLVD			8	3 Ctroot Add	dress (P.O. Box Number is Not Acceptable)
PORT ST LUCIE FL 34952					ITESS (F.O. DOX Nullinger is NOt Acceptable)
			8	3	
			8	4 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 Signature typed or posted name of registered lighest and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE		Change Addition
NAME	MILARDO, JOSEPHINE		1.2 NAME		
STREET ADDRESS 1595 SE PORT ST LUCIE BL		.VD	1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY		
TITLE	D	•			Change Addition
NAME	MILARDO, ANGELA		2.2 NAME		
STREET ADDRESS	34 IRONWOOD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN CT 06457	DELETE	2.4 CITY-ST-ZIP DELETE 3.1 TITLE		Change Addition
TITLE	MILARDO, PAUL		3.1 HILL 3.2 NAM		
NAME AVACET ADADESS	1957 SE FAIRFIELD ST				
STREET ADDRESS	PT ST LUCIE CT 34988		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE					Change Addition
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				- \$1 - ZIP	
TITLE					Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP	<u> </u>			- \$T- ZIP	
TITLE		DELETE	6.1 TITL		Change Addition
NAME			6.2 NAV	E	
STREET ADDRESS			6.3 STR	EET ADDRESS	
CITY+\$1-ZIP				- ST - ZIP	in Section 119 07(3)(i) Florida Statutes I further certify that the information
بيطما العلاء	need to that the intermedian econolises	was this tiles door not our	ロシノ さんと とりる むりゅう	nouco etatad i	o secreto i 19 177.300 Eletina Signies i Tuttier certity inscine 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 champed, or on an allachment with an applicas.