

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90042 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054782

1. Corporation Name
CHOICE CUTS, INC.



Principal Place of Business 4168 SALTWATER BLVD TAMPA FL 33615	Mailing Address 4168 SALTWATER BLVD TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/23/1997		4. FEI Number 65-0763901		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SPANOLIOS, JAMES J ESQ 36366 US HWY 19 NORTH PALM HARBOR FL 34684				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	NAGLE, ALAN	1.1 TITLE	VP	1.2 NAME	CAMILLE MANGAKIS
STREET ADDRESS	852 E CHURCH AVE	1.3 STREET ADDRESS	4168 SALTWATER BLVD	1.4 CITY-ST-ZIP	TAMPA, FL 33615	2.1 TITLE	
CITY-ST-ZIP	LONGWOOD FL 32750	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	PD	NAME	MANGAKIS, GEORGE	3.1 TITLE		3.2 NAME	
STREET ADDRESS	4168 SALTWATER BLVD	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	TAMPA FL 33615	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			
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 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, with all other like empowered.

SIGNATURE: George Mangakis **REQUIRED**

1/12/99 813 249-1899

CR2E034 (11/98)