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

PROFIT CORPORATION ANNUAL REPORT

1998



14. I hereby certify that the information supplied with this filling does not qualify for the exen indicated on this annual effort or supplemental and lateport is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 (changed or on the attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN # P970(ESTAR FOODS, INC.	00064054 (4)		
Principal Plac	ce of Business	Mailing Address			E GLISH BLOSH BOSH BSSH BIDS IDD
2139 UNIVERSITY DRIVE SUITE 125 CORAL SPRINGS FL 33071		2139 UNIVERSITY DRIV CORAL SPRINGS FL 3		DO NOT WRITE IN THIS	e edace
				3. Date Incorporated or Qualified 07/22/1997	3 OF AGE
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0780890	Not Applicable
Suite, Apt.	. #, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	la .	City & State		- Starting Consoling Florence	
23		28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the corporation Property Tax due June 30.	
	g. Name and Address of Curre		1	10. Name and Address of New Registere	
	BLANDFORD, ROBERT D		81 Name		
2139 UNIVERSITY DRIVE SUITE 125			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33071					
			63		
l			84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607.05	02 and 607 1509. Etorida Statut	an the shows named so	rporation submits this statement for the purpose	_ 1 1
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corpor	ation's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE					
12,	Signature typed or printed name of registered ag	ND DIRECTORS (NOT)	E: Registered Agent signature req	uited when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONAL CONTROL OF A	Change Addition
NAME	BLANDFORD, ROBERT D		1.2 NAME		ĺ
STREET ADDRESS	2139 UNIVERSITY DRIVE S	SUITE 125	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3307	1	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP		T oriett	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETÉ	3.1 TITLE	•	☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.3 STREET ADDRESS		
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
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	i e		6.3 STREET ADDRESS		

6.4 CITY - ST - ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fital annual ceport is true and accurate and mat my signature shall have the same legal effect as if made under oath; that I am an eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2-18-98 954-753-9158

FILED

Feb 23 1998 8:00am

Secretary of State