FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort Secretary of State ANNUAL REPORT Secretary of Stale 1998 DIVISION OF CORPORATIONS P97000097895 (1) DOCUMENT # HUNGWELL JERKIES, INC. Principal Place of Business Mailing Address 15920 SW 284 ST. 15920 SW 284 ST. MIAMI FL 33033-1141 MIAMI FL 33033-1141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0811259 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible X Yes 25 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOODMAN-GUENTHER, JOYCE ESQ. Name 10723 SW 104TH ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 City Zip Code 85 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. Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE KELLER, H. WAYNE NAME 1.2 NAME CR2E034 15920 SW 284 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33033-1141 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: H. Warre Toller D. A. Warre SELLER 3.4.98

STREET ADDRESS

CITY-ST-ZIP