

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90038 043 ***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 # P98000074783

1. Corporation Name
SCOUSE FOODS, INC.



Principal Place of Business 1114 WOODSMERE PARKWAY ROCKLEDGE FL 32955	Mailing Address 1114 WOODSMERE PARKWAY ROCKLEDGE FL 32955
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2425 N/COURTENAY PK/WY Suite, Apt. #, etc. 22 UNIT 108 COZY CORNER CAFE City & State 23 MERRITT ISLAND, FLORIDA Zip 24 FL 32953 Country 25 U.S.A		2a. Mailing Address 26 2425 N/COURTENAY PK/WY Suite, Apt. #, etc. 27 UNIT 108 COZY CORNER CAFE City & State 28 MERRITT ISLAND, FLORIDA Zip 29 FL 32953 Country 30 U.S.A		3. Date Incorporated or Qualified 08/24/1998		4. FEI Number 59-3529303		Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
8. This corporation owes the current year intangible Personal Property Tax.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent JOSEPH, NEIL 1114 WOODSMERE PARKWAY ROCKLEDGE FL 32955		10. Name and Address of New Registered Agent 81 Name SCOUSE FOODS INC OR NEIL JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 2425 N/COURTENAY PK/WY, MERRITT ISLAND, 83 FLORIDA ERROR 84 City MERRITT ISLAND FL 85 Zip Code 32953	
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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 _____ DATE **01/07/99**
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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: _____ DATE **01/07/99** 1-407-452 0305
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)