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

PRÖFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000077775 1. Corporation Name

BEEF COUNTRY, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90071 016 \*\*\*150.00



Principal Place	e of Business	Mailing Address	. 1			J 1821188) tid jarbi janit alliti antri antr		1000) 0111 1001
2320 TAMIAMI	TRAIL # 8	COCO LUMBIANO LIBERT WIT	-8					
PORT CHARLOTTE FL 33952-3948 PORT CHARLOTTE FL 33			952-3948			DO NOT WRITE IN THIS SPACE		
					3	. Date Incorporated or Qualifed		
						09/02/1998		}
2. Principal P	ace of Business	2a. Mailing Address			4	FEI Number	Ar	oplied For
21	200 01 200m000	26			*	65-0863293	, No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	15				\$8.75	Additional
22	#8	27 47	8		9	. Certifcate of Status Desired	Fee Re	equired
City & Stat	9	City & State			6	. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8	. This corporation owes the current ye		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	irrent Registered Agent	<u> </u>	B1 Name		. Name and Address of New Regist	erea Agent	
OAK	S, DAVID K ESQ		[	I TELLIN	_			
	D K. OAKS, P.A.		[-	82 Stree		Beef Country, Inc. 2320 Tamiami Trail #8		
	WEST MARION AVENUE			83		Port Charlotte, FL		
	TA GORDA FL 33950		ľ		AT.	33952-3948		
			[-	B4 City			El 85 Zip	Code
44 Diversions	to the associations of Sections 607	OSO2 and SO7 1508 Florida Statu	ites the ab	ove-name	ed cornoratio	on submits this statement for the purpo	se of changing its	registered
office or r	egistered agent, or both, in the S	itate of Florida. Such change was :	authorized	by the cor	rporation's t	poard of directors. I hereby accept the	appointment as re	egistered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0565 Fl	onda Starii	es.		1-2	1 10	
SIGNATURE	Signature, typed or printed name of registers	od agent and little if applicable (NOT	E: Registered A	gent signatur	re required when		0-99	}
12. <b>L</b>	<i></i>	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME	BARUFALDI, JAMES R	6	1.2 NAM	AE.				•
STREET ADDRESS	2320 TAMIAMI TRAIL #	8	1.3 STR	EET ADDRES	ss			. }
CITY-ST-ZIP	PORT CHARLOTTE FL 339	52-3948	1.4 CIT	/-ST-ZIP				
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STREET ADDRESS			2.3 STR	EET ADDRES	ss			
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
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CITY-ST-ZIP			_	Y-ST-ZIP			Channe	Addition
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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: