

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088875

1. Corporation Name

CERTIFIED POULTRY & EGG CO.

Principal Place of Business 1111 N.W. 159TH DR. MIAMI FL 33169		Mailing Address 1111 N.W. 159TH DR. MIAMI FL 33169	
2. Principa Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Zip Country		27 City & State 28 Zip Country 29 30	
24 25		9. Name and Address of Current Registered Agent OXENBERG, HARVEY 1111 N.W. 159TH DR. MIAMI FL 33169	
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	

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		Signature, typed or printed name of registered agent and title if applicable		(NOT E: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<p>TITLE D <input type="checkbox"/> DELETE NAME OXENBERG, HARVEY STREET ADDRESS 1111 N.W. 159TH DR. CITY-ST-ZIP MIAMI FL 33169</p>		<p>1.1 TITLE P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME OXENBERG, HARVEY 1.3 STREET ADDRESS 1111 NW 159th DRIVE 1.4 CITY-ST-ZIP MIAMI, FL 33169</p>					
<p>TITLE D <input type="checkbox"/> DELETE NAME OXENBERG, LINDA STREET ADDRESS 1111 N.W. 159TH DR. CITY-ST-ZIP MIAMI FL 33169</p>		<p>2.1 TITLE V/T/S/ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME FLEISCHMAN, DAVID H 2.3 STREET ADDRESS 1111 NW 159th DRIVE 2.4 CITY-ST-ZIP MIAMI, FL 33169</p>					
<p>TITLE D <input type="checkbox"/> DELETE NAME OXENBERG, LAWRENCE STREET ADDRESS 1111 N.W. 159TH DR. CITY-ST-ZIP MIAMI FL 33169</p>		<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>					
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>					
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>					
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90114 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1998	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0873882	<input type="checkbox"/> \$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Added to Fees
6. Election Campaign Financing <input type="checkbox"/>	<input type="checkbox"/> This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

CR2E034 (11/98)