


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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90118 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S10086**

1. Corporation Name  
**ANDERSON'S QUALITY MEATS, INC.**

Principal Place of Business <b>3921 10TH AVE. N. LAKE WORTH FL 33461 US</b>	Mailing Address <b>3179 EVANS DRIVE LAKE WORTH FL 33461</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 A ANDERSON'S QUALITY MEAT, INC.</b> <b>3921 10TH AVENUE NORTH</b> <b>LAKE WORTH, FL 33461</b> City & State		2a. Mailing Address <i>Same</i> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/30/1990</b>
23 Zip <b>33461</b>		25 Country <b>US</b>		4. FEI Number <b>65-0221741</b> Applied For <input type="checkbox"/> Not Applicable
27 City & State		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
28 City & State		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24 Zip		26 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**ANDERSON, BARBARA  
3179 EVANS DRIVE  
LAKE WORTH FL 33461**

**10. Name and Address of New Registered Agent**

81 Name	<i>None</i>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 *Barbara Anderson* *Barbara Anderson Pres* *2-8-99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BARBARA</b>	1.2 NAME	<i>None</i>
STREET ADDRESS	<b>3179 EVANS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, JENNIFER</b>	2.2 NAME	
STREET ADDRESS	<b>1920 CAMBODIAN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	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 119.07(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: *Barbara Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-8-99 561 9670482*

0353132

CR2E034 (11/98)