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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20729

(7)

1. Corporation Name
FLORIDA WHOLESAL MEATS, INC.

Principal Place of Business

913 S.W. 8TH AVE.
HALLANDALE FL 33009

Mailing Address

913 S.W. 8TH AVE.
HALLANDALE FL 33009-6807
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/26/1990

3a. Date of Last Report

06/20/1996

4. FEI Number

65-0256293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

COSTELLO, ROBIN
913 S.W. 8TH AVE.
HALLANDALE FL 33009

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP MANZELLI, PATRICIA
913 S.W. 8TH AVE.
HALLANDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS COSTELLO, BETTY
913 S.W. 8TH AVE.
HALLANDALE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COSTELLO, ROBIN
913 S.W. 8TH AVE.
HALLANDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SASAKI, CARI
913 S.W. 8TH AVE.
HALLANDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E034 (9/96)