

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S60810 (6)

1. Corporation Name
EUROPEAN SAUSAGES & PROVISIONS, INC.



Principal Place of Business: **402 NORTH DIXIE HIGHWAY LAKE WORTH FL 33460**
Mailing Address: **402 NORTH DIXIE HIGHWAY LAKE WORTH FL 33460**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Quoted	3a. Date of Last Report
06/20/1991	03/02/1995
4. FEI Number	Applied For
65-0265097	Not Applicable
5. Continuation of Status Desired	<input type="checkbox"/>
	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	\$5.00 May Be Added to Fees
8. This corporation has liability for a taxable tax under S. 199.042, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CATINO, JOHN
402 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(4), 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, Sections 607.06(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, ST, ZIP		1. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this Report and my name and does not qualify for the exemption stated in Section 199.042(4), Florida Statutes. I further certify that the information furnished on this Report is true and complete 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 director of the corporation, but not a shareholder, as shown on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE: *John Catino* President
4/24/96 407/585-5577

CR2E034 (12/95)