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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11226

(0)

COLORADO CHOICE MEAT CO., INC.

FILED Apr 28 1997 8:00am Secretary of State

Principal Place	of Business	Mailing A	Mailing Address 1025 S SEMORAN BLVD							
1025 8 SEMOR		_								
STE 1075 WINTER PK FL 32782		STE 1075	STE 1075 WINTER PK FL 32782-5511							
							3. Date Incorporated or Qualified 3a. Date of Last Report			
US		บร	05				3. Date Incorporated or Qualified 02/03/1992	01/1996		
2. Principal Pl	ace of Business	2a. Mailin	a Address				4. FEI Number	00/0		oplied For
21	dod or Eddinasto	26	9.100.000				59-3189325		<u> </u>	ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & State)	City &	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	h1				8. This corporation has liability for i	intangible tax under s. 199.032,		
24	25	29	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	irrent Registered A	rgent		81	Name	10. Name and Address of New Ne	distaten w	gent	
	LERSON, JAMES L, JR.				! "	Name]
	8 \$EMORAN BLVD				82	Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
	1075				83		· · · · · · · · · · · · · · · · · · ·	 		
WINT	TER PK FL 32792				33					
I					84	City		FL	85 Zip	Code
34 Demoupet	a the previous of Continue CO?	7 00.03 and 607 150	P. Elorido Stati	doe the a	boug	namad n	orporation submits this statement for the p		changing i	te registered
office or re	egistered agent, or both, in the S	State of Florida, Suc	:h change was	authorize	d by	the corpo	ration's board of directors. Thereby accept	of the appo	ointment as	registered
_	m familiar with, and accept the c		on 607.0505 F	1			~ v/a/	00		
SIGNATURE	signature, typed (x printed name of registers	►MME 5	ble CNC	HV.Le Df: Regislere	đ Age	S O A	quired when reinstating)	DATE		
12.		S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	PVTS		DELETE	111	TLE				☐ Change	☐ Addition
NAME	RAULERSON, JAMES L., J	IR.		1.2 N	AME					
STREET ADDRESS	1025 S SEMORAN BLVD (1.3 \$	1REE1	ADDRESS				
CITY-ST-ZIP	WINTER PK FL			1.4 C	IIY-\$	T-ZIP				
TITLE			DELETE	2.1 (1	TLE				☐ Change	Addition
NAME				2.2 N	AME					i
STREET ADDRESS				2.3 \$	TREFT	ADDRESS				
CITY-ST-ZIP				2.40	NTY- 5	67 - 21P				
TITLE			☐ DELE1E	3.1 TI	TLE				Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP						T-ZIP				
TITLE			DELETE	4.1 11					☐ Change	Addition
NAME				4.21						
STREET ADDRESS				4.3 S	TREET	ADORESS				
CITY-ST-ZIP			DE: FFF		ITY-S	1-2IP				4 1 105
TITLE			☐ DELETE	5.170					☐ Change	Addition
NAME				5.2 N						
STREET ADDRESS				ľ		ADDRESS				
CITY-ST-ZIP			DECER		ITY - S	T- 7(P			Ch	August.
TITLE			☐ DELETE	6.1 T					Change	Addition
NAME				6.2 N						
STREET ADDRESS				6.3 \$	1REE1	ADDRESS				
CITY-\$1-ZIP		11111111111111111111111111111111111111			ITY-S		ted in Contine 110 07/0/07 Florida Oct.	م الاستاد ،	portification	Libo
14. I do heret	by cartity that the information sur	oblied with this filing	i does not oua	anty for the	exe	motion sta	ited in Section 119.07(3)(i), Florida Statute	s. I further	certify that	i ine - l

4. 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.

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4/2/22 102-1-20-215