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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthame

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V53192

MEAT AND SAUSAGE WORLD, INC. EL ROPEAN

GOODIES.

FILED

97 JUN 20 PM 1:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place of Business Mailing Address						1 14010 01100 01100 01100 11100 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4701 49TH STREET NORTH 4701 49TH STREET NORTH										
ST. PETERSBU	RG FL 33709	ST. PETER	SBURG FL 337	09-3843						
1						3. Date Incorporated or	Qualified 3a.	Date of Last Report	₁	
1						07/23/1992		1/10/1996		
2. Principal P	lace of Business	2a, Mailin	g Address			4. FEI Number		Applied Fo	or	
21		26				59-3134846		Not Applic		
Suite, Apt.	ito, Apt #, etc					\$8.75 Addition				
27						5. Certificate of Status D	esired []	Fee Required		
City & State City & State						6. Election Campaign Fi	6. Election Campaign Financing \$5.00 May Be		ə	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Coun	try	8. This corporation has l			32,	
25 29 29 9. Name and Address of Current Registered			30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		·· ····	gent		1 Name	TU. Name and Address	New Registered	Agent .		
	OLOTNY, ZYGMUNT STEVE			"	IVALIE					
	49TH STREET NORTH			8	Street	Address (P.O. Box Number is No	Acceptable)			
	E 408-5				13					
j PINE	ELLAS PARK FL 34666				13					
	Į			Įs	4 City		FI	85 Zip Code		
41 0	to the eventainment Sections 60	2 0502 and 007 1501	P. Florido State	too the abo	L comed	paragrafia a havita this stat-	, ,	-		
office or r	registered agent or both, in the im familiar with, and accept the	State of Florida, Suc obligations of, Section	h change was on 607.0505, F	authorized forida Statul	by the corr les.	corporation submits this stateme poration's board of directors. The	reby accept the ap	ppointment as register	ed	
SIGNATURE	Signature, typed or printed name of registe	olunt ement and title if emplice	blo (NC)	11 - Bagislored	Angot signature	ruquired when reinstaing)				
12.		RS AND DIRECTORS		13,	sgree agree ore	ADDITIONS/CHANGES		ND DIRECTORS IN 12	-	
TITLE	P		DELETÉ	1.1 1011	i à					
NAME	WIESLAW, KULAGOWSKI			1.2 NAM	- 13	ELIZABETH K 1050 BOCA C	GCAI	CLA DR		
STREET ADDRESS	1050 BOCA CIEGA ISLE I	DRIVE		13 \$186	ET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG BEACH	FL 33706			- S1 - ZIP	ST PETERSB	URG IL	1 33706		
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NAME				2.2 NAM	£ !				i	
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NAME				3 2 NAM	IF.	4000	U2221	Change Add	ز_	
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CITY-ST-ZIP				3.4. Offi	7-ST-7IP	*	***385.00	****385.00	ا	
TIFLE			DELETE	4.1 TITLE				Change Add	dition	
NAME				4. 2 NAN	ME					
STREET ADDRESS				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				<u>4.4</u> CITY	- ST - ZIP					
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NAME				5.2 NAM	IF.		(///	Λ		
STREET ADDRESS				53 STRE	ET ADDRESS		S.A.	α' (
CITY-ST-ZIP				5.4 City	- S1 - ZIP			<u>~</u>		
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NAME :				6.2 NAM	F		100			
STREET ADDRESS	e ₁ , ,			6.3 STRE	E1 ADDRESS		V			
CITY-ST-ZIP	Ú,			6.4 CITY	- \$1 - ZIP					
14. I do heret	by certify that the information su	pplied with this filing	does not qual	lify for the e	xemption s	tated in Section 119.07(3)(i), Flore	da Statutes. I furth	er 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 3 if changed, or on an attachment with an address.

GNATURE: