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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 241564

I. Corporation Name
GARDNER'S SUPER MARKETS, INC.



Principal Place of Business: 301 SW 57TH AVE, MIAMI FL 33143, US
 Mailing Address: C/O LAWRENCE M. PLOUCHA, ESQ., 1946 TYLER STREET, HOLLYWOOD FL 33022-2088, US

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: 1, Suite, Apt. #, etc.: 2, City & State: 3, Zip: 25, Country: 26. Mailing Address: 26, C/O L.M. PLOUCHA, ESQ., Suite, Apt. #, etc.: 27, 1946 TYLER STREET, City & State: 28, HOLLYWOOD, Zip: 29, FL, Country: 30, 33020

3. Date Incorporated or Qualified: 10/28/1960
 4. FEI Number: 59-1001131, 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 owes the current year Intangible Personal Property Tax: Yes (checked), No

9. Name and Address of Current Registered Agent: PLOUCHA, LAWRENCE M. ES, ATKINSON, DINER, STONE & MANKUTA, P., 1946 TYLER STREET, HOLLYWOOD FL 33022

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDV	1.1 TITLE	D
NAME	ADAMS, ELIZABETH	1.2 NAME	LOUISE G. SCHWARTZ
STREET ADDRESS	9351 SW 56TH ST	1.3 STREET ADDRESS	9351 SW 56 TH STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DP	2.1 TITLE	
NAME	ADAMS, MAURICE	2.2 NAME	
STREET ADDRESS	9351 SW 56TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GARDNER, J T	3.2 NAME	
STREET ADDRESS	9351 SW 56TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Maurice Adams* SIGNATURE REQUIRED MAURICE A. ADAMS 7/1/99 305 255 0409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)