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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G75366**

1. Corporation Name
GARDNER'S SUPER MARKETS, INC. NO. 6

Principal Place of Business 287 SW 124TH ST 00 S.E. 1ST ST., PENTHOUSE MIAMI FL 33157 S	Mailing Address 1946 TYLER STREET HOLLYWOOD FL 33022-2088 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1983	
4. FEI Number 59-2347482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

1. Principal Place of Business 8287 S.W. 124th STREET	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State MIAMI, FLORIDA	City & State 28
Zip 33157	Country U.S.A.
25	29

9. Name and Address of Current Registered Agent PLOUCHA, LAWRENCE M ATKINSON, DINER, STONE, BLACK, & MANKUTTA 1946 TYLER STREET HOLLYWOOD FL 33020	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
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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 D	NAME GARDNER, JOSEPH T	1.1 TITLE D	1.2 NAME LOUISE G. SCHWARTZ
STREET ADDRESS 9351 SW 567TH STREET	CITY-ST-ZIP MIAMI, FL 00000	1.3 STREET ADDRESS 9351 S.W. 56th STREET	1.4 CITY-ST-ZIP MIAMI, FL 33165
TITLE DP	NAME ADAMS, MAURICE D	2.1 TITLE D	2.2 NAME JOSEPH T. GARDNER
STREET ADDRESS 9351 SW 56TH STREET	CITY-ST-ZIP MIAMI, FL 00000	2.3 STREET ADDRESS 9351 S.W. 56th STREET	2.4 CITY-ST-ZIP MIAMI, FL 33165
TITLE STD	NAME ADAMS, ELIZABETH G	3.1 TITLE	3.2 NAME
STREET ADDRESS 9351 SW 56TH STREET	CITY-ST-ZIP MIAMI, FL 00000	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VP	NAME ADAMS, ELIZABETH G	4.1 TITLE	4.2 NAME
STREET ADDRESS 9351 SW 56TH ST	CITY-ST-ZIP MIAMI FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 D Adams** 7/11/99 3052550409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)