

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:22

DOCUMENT # **P93000035154 (2)**

1. Corporation Name  
**NEWBERRY CROSSING STORE, INC.**

Principal Place of Business: **1237 N.W. 76 BLVD. GAINESVILLE FL 32606**  
Mailing Address: **1237 N.W. 76 BLVD. GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1993**  
9a. Date of Last Report: **02/24/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. <b>521 NW 13th STREET</b>	<b>59-3188518</b>	Not Applicable
23. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. <b>GAINESVILLE, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. <b>32601</b>	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. <b>ALACHUA</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORE, ARTHUR J</b>	1.2 NAME	
STREET ADDRESS	<b>521 N.W. 13 ST.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GAINESVILLE FL 32601</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUKOVSKY, DAVID J</b>	2.2 NAME	
STREET ADDRESS	<b>3722 RIVIERA COURT</b>	2.3 STREET ADDRESS	<b>521 NW 13th St</b>
CITY- ST- ZIP	<b>NORTHBROOK IL 60062</b>	2.4 CITY- ST- ZIP	<b>Gainesville, FL, 32601</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEISHMAN, ANDOR</b>	3.2 NAME	
STREET ADDRESS	<b>2019 MALLORY LANE</b>	3.3 STREET ADDRESS	<b>521 NW 13th St.</b>
CITY- ST- ZIP	<b>HIGHLAND PARK IL 60035</b>	3.4 CITY- ST- ZIP	<b>Gainesville, FL, 32601</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 addition thereto with an address.

SIGNATURE: *Arthur J. Gore* **President** **2/9/95** **904-378-5224**  
Signature: Type or print name of signing officer or director. Date