

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

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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 277131 (9)

1. Corporation Name
CITY PROVISIONERS, INC.

Principal Place of Business
P.O. BOX 2246
DAYTONA BEACH FL 32115

Mailing Address
P.O. BOX 2246
DAYTONA BEACH FL 32115-2246



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1964		3a. Date of Last Report 07/08/1996	
21		26		4. FEI Number 59-1037769		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANK, HARVEY 1899 NORTH U.S. 1 ORMOND BEACH FL 32174				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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, RICHARD			1.2 NAME			
STREET ADDRESS	577 PELICAN BAY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32119			1.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, HARVEY			2.2 NAME			
STREET ADDRESS	1 JOHN ANDERSON DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			2.4 CITY-ST-ZIP			
TITLE	VDS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, LARRY			3.2 NAME			
STREET ADDRESS	127 BUCKSKIN LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENDIX, JOSEPH			4.2 NAME			
STREET ADDRESS	25 RIO PINAR TRL.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: *Joseph Frank* 1-14-97 677-2240 X1102
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)