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Apr 09 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 # 302305 (8)  
1. Corporation Name  
LIL' CHAMP FOOD STORES, INC.

Principal Place of Business Mailing Address  
9143 PHILLIPS HWY., SUITE 200  
P.O. BOX 23180 (32241-3180)  
JACKSONVILLE FL 32258  
9143 PHILLIPS HWY., SUITE 200  
P.O. BOX 23180 (32241-3180)  
JACKSONVILLE FL 32258-1373



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1966	3a. Date of Last Report 03/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-1147100	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

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 TOULOUSE, JEAN FRANCOIS	1.1 TITLE	ViceChairman of the Board
NAME	32-36 AVE CHARLES BEDAUX BP 1805 37018	1.2 NAME	Deroy, Michel
STREET ADDRESS	TOURS FR	1.3 STREET ADDRESS	32-36 Ave Charles Bedaux BP 1805
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tours, FR 37018
TITLE	VD JACKSON, VICTOR P.	2.1 TITLE	Directeur Financier Groupe
NAME	8746 BELLE RIEVE BLVD	2.2 NAME	Guy Geffroy
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	40, avenue de Flandre BP 139
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Croix Cedex - FR 59964
TITLE	STD FISH, W. DALE	3.1 TITLE	
NAME	9173 FISH RD	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HERNU, JEAN-BRICE	4.1 TITLE	Director of Finance
NAME	32-36 AVE CHARLES BEDAUX BP 1805 37018	4.2 NAME	Francois, Alain
STREET ADDRESS	TOURS CEDEX FR	4.3 STREET ADDRESS	32-36 Ave Charles Bedaux BP 1805 37018
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tours, FR
TITLE	D JACKSON, JULIAN E.	5.1 TITLE	
NAME	7987 HOLLY RIDGE RD	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	P JACKSON, EDDIE	6.1 TITLE	
NAME	8171 SABAL OAK WAY	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 1997 (904) 464-7206

Date

Daytime Phone #

0040155

CR2E034 (9/96)