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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 336267

1. Corporation Name

SUPERMARKET SERVICES INC

Principal Place of Business

4100 S.W. 47TH AVENUE
FT. LAUDERDALE FL 33314

Mailing Address

4100 S.W. 47TH AVENUE
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1968

4. FEI Number

59-1225361

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NANOIA, MAURICE SR.
4100 S.W. 47TH AVENUE
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4100 SW 47th Avenue

84 City Davie

FL

85 Zip Code 33314

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME PD
JOHNSON, DAVID A.
STREET ADDRESS 11041 N.W. 22ND STREET
CITY-ST-ZIP PEMBROKE PINES FL1.2 NAME ☐ DELETENAME STD
JOHNSON, ANGELA
STREET ADDRESS 11041 N.W. 22ND STREET
CITY-ST-ZIP PEMBROKE PINES FL1.3 NAME ☒ DELETENAME VD
NANOIA, MAURICE, SR.
STREET ADDRESS 1781 N.W. 108TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL1.4 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.5 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.6 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS 10974 SW 37th Manor
1.4 CITY-ST-ZIP Davie FL 333282.1 TITLE ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS 10974 SW 37th Manor
2.4 CITY-ST-ZIP Davie FL 333283.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99 (954) 525-0439

CR2E034 (1/198)