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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 586796

1. Corporation Name

BALLANTINE'S SUPER MARKETS, INC.

**FILED** Feb 12, 1999 8:00am **Secretary of State** 

02-12-1999 90010 023 \*\*\*150.00



Principal Place	e of Business	Mailing Address			I JEBIOL GIIOLIGUS EUIL ISEID IDIIA D	1155 B1811 \$1811 B1811 A1811	
1410 NORTH KROME AVENUE HOMESTEAD FL 33030		1410 NORTH KROME AVENUE			·		
		HOMESTEAD FL 33030			DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed	,	
					09/19/1978		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	al A	pplied For
21		26		59-1858565	3 N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	210	Additional	
		27		5. Certificate of Otatos Dosired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	_ Country	y	8. This corporation owes the current	year Intangible <b>⊠</b> Yes	□No
24	25	29 3	0		Personal Property Tax.  10. Name and Address of New Reg		
<del></del>	9. Name and Address of Current	t Registered Agent	81	Name	to. Name and Address of New York		
RALI	LANTINE, DAVID D JR.						
1410 NORTH KROME AVENUE				Street Add	ress (P.O. Box Number is Not Acceptable	)	ļ
	IESTEAD FL 33030		83	<del> </del>		The set the set	3542 1 1 1 1 2 5
						自用對於計劃的包	\$5. M. 17.
			84	City	7	FI 85 Zip	Code "" "
44 Dureuant	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statutes	the abov	e-named corr	poration submits this statement for the pur	pose of changing it	s registered
office or r	registered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was auti	norizea ov	, ine corporau	ion's board of directors. I hereby accept the	ie appointment as r	egistered
<del>-</del>	m ramiliar with, and accept the obligat	tions of, Section 607.0003, Florid	a Statute.	э.	•		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (NOTE: Re	enistered Ane	not signature require	ed when reinstating)	DATE	<del></del>
		it direction is appropriate to the control of the c	ogioto.ou rigo	All digitaliars (squii			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
<b>12.</b>			•			Change	
	OFFICERS AN	D DIRECTORS	13.	· ·			
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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.

CR2E034 (11/98)