FILE NO	W: FILING	FEE AFTER	MAY 1 IS	\$225.00
	,			

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

646513

(2)

PRESIDENTIAL FOOD MARKET, INC.

Principal Place of Business

Mailing Address

2501 S OCEAN DR HOLLYWOOD FL 33019 2501 S OCEAN DR HOLLYWOOD FL 33019



					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/29/1979	06/14/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1950307	Not Applicable
Suite, Apt #	f, etc.	Surte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountry 30	į	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, ☐ No
	g. Name and Address of Curren	1 1			10. Name and Address of New F	
			81	Name	10, Harrie and Address of Herr	egistered Agent
00444	I IDIANA		[3,	T T T T T T T T T T T T T T T T T T T		
	N, IRVING		82	Street Ado	iress (P.O. Box Number is Not Acceptab	ile)
	OUTH OCEAN DRIVE		83	ļ		
HOLLY	WOOD FL 33019		83			
			84	City		85 Zip Code
		*****		<u> </u>	oration submits this statement for the pur	
	signature, typed or printed han biof registerest agent		O'E Projestered Age	of signature require		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1 1 TillE			Change Addition
NAME	FRIEDLAND, HAROLD		1.2 NAME			
STREET ADDRESS	1311 BARROWDALE ROAD		13 STREE	r address		.\^q
CITY - ST - ZIP	RYDAL PA		1.4 C!TY-5	ST - Z:P	1.0	K ·
THLE	VPD	DELETE	2 1 TITLE		. ~ }	Change Addition
NAME	COWAN, IRVING		2.2 NAME		, ,	
STREET ADDRESS	1615 DIPLOMAT PARKWAY		2 3 STREE	ADDRESS		
CITY - \$1 - 7IP	HOLLYWOOD, FL		2.4 City - 5	ST - ZIF		
TITLE	STD	☐ DELETE	3 1 TiTLE		1 2 2 2 200 00 00 00 00 00 00 00 00 00 00	Change Addition
NAME	COWAN, MARJORIE		3.2 NAME		$A \rightarrow A \rightarrow C_{O}$	
STREET ADDRESS	1615 DIPLOMAT PKWY.		3.3 STREE	1 ADDRESS	26 7	
CHTY-ST-ZIP	HOLLYWOOD FL		3.4 City - 5	51 - ZIP	V JUN 0	
T:TLE		☐ DELETE	4 1 THILE		(),	Change Addition
NAME			4.2 NAME		•	
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIF			4.4 CITY - 9	ST - Z 1P		
TITLE		☐ DELETE	5 1 HILE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET	ADDRESS	40000170	30414
CITY-ST-ZIP			5.4 CITY - S	i - ZiP	4000017 9 	"-"-"1"-4 "-"-"1"-4
TITLE		DELETE	6 1 TIFLE		***200.00	Change Addition
NAME			6.2 NAME		<i>~~~</i> Ը∪⊍,⊍∪	\mathcal{U}_{\cdot}
STREET ADDRESS			6.3 STREET	ADDRESS		NO.
STREET MODIFIEDS			0.00,110.			
CITY-ST-ZIP		\bigcirc	6 4 C/1Y - S	Į.		di

4. Too rereay certify that the information supplied with this joing/is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 compination 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 it changed, of on an ittadeunent with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (305) 927-052

CR2E034 (12/95)