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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

22



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

Fee Required

0476642

04/04/1996

3. Date Incorporated or Qualified

12/23/1975

38-0900860

5. Certificate of Status Desired

4/24/97

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835602

(4)

2a. Mailing Address

27

BETH VAN OFLEN/ASST, TREAS.

Suite, Apt. #, etc.

THE KROGER CO. OF MICHIGAN

Principal Place of Business	Mailing Address	
1014 VINE STREET CINCINNATI OH 45202-1100	1014 VINE STREET CINCINNATI OH 45202-1X4XXX -1100	

City & State	!	City & State					5. Election Cam	paign Financing	9	\$5.00	May Be	
23		28					Trust Fund Co	ontribution		Added t		
Zφ	Country	Zip	}	Country		∫ ε	3. This corporati	ion has liability			199.032,	
24	25	29	30			Florida Statutes						
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	CORPORATION SYSTEM			81	Name	l						
	W. BROWARD BLVD.			82	2 Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324							·					
				83							j	
				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 Stato 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												
· · · · · · · · · · · · · · · · · · ·	Storators, typical or produo name of registered		(NOTE: Registere	d Age	nt signature	re required wh		HANGES TO OF	DATE	DIPECTOR	S IN 12	
12.	PASD	ND DIRECTORS		n F		7	ADDITIONS/CF	TANGES TO OF	FICENS AND	Change	Addition	
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STREET ADDRESS	1014 VINE ST				ADDRESS							
CITY - ST - ZIP	ON COMMISSION OF APPARA		ITY-SI							}		
11/11	VD	□ pe			1-61F	 			, 	Change	Addition	
NAME	O'BRIEN, THOMAS P JR.		2.2 N		,	1						
STHEET ADDRESS	1014 VINE ST				ADDRESS							
CHY-SI-ZIP	ON OUR PLANT OLD AROUN		HTY-S							Ì		
Tilde	SD	□ DE				1				Change	Addition	
NAME]	GACK, BRUCE M		3.2 N	AME								
STREET ADDRESS	1014 VINE ST.		3.3 S	TREET	ADDRESS	1						
CHY-ST 7P	CINCINNATI OH		3.4. 0	OTY-S	T-21P	}					}	
10111	Ť	DI DI	LETE 4.1 TO	TLE						☐ Change	Addition	
NAV:	TURNER, LAWRENCE M		4 2 N	NAME		}						
STREET ACIDRESS	1014 VINE STREET		4.3 S	TREET	address	į						
CHY-ST-21F	CINCINNATI OH 45202		4.4 C	ITY-S		<u>.</u>				71.		
TITLE	AT	☐ DE	LETE 5.1 TI	ITLE		ŧ	STANT TRE			Change	Addition	
NAME	Case, Kenneth e		5.2 N	AME		VAN C	DFLEN, BE	TH			ı	
STREET ADDACSS	1014 VINE ST.		5.3 S	TREET	ADDRESS	1014	VINE 3TR	EET				
CHTY - \$1 - 76"	CINCINNATI OH 45202			ITY-S	T-ZIP	CINC	INNATI, O	H 45202-	1100			
tuce		□ DE	LETE 6.1 TI	TLE		}				Change	Addition	
NAME			6.2 N	AME		[
STHEE' ADDRESS			6.3 S	TAEET	address	[
CITY - ST. ZIP		· · · · · · · · · · · · · · · · · · ·		ITY-S								
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.												
i appears i	- DIOCK IZ OF BIOCK TO IT CHANGED	. OF OFF BUILDING (R. W)	manaduress.									