

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 837096 (7)**  
1. Corporation Name  
**SUPERMARKET COMMUNICATION SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**148 EAST AVE SUITE 21 NORWALK CT 06851-5730 US**      **148 EAST AVE SUITE 2-1 NORWALK CT 06851-5730 US**

3. Date Incorporated or Qualified **09/27/1976**      3a. Date of Last Report **05/01/1995**  
4. FEI Number **04-2384543**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

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**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEARST, ANNABELLE</b>	
STREET ADDRESS	<b>190 HIGH ST APT 412</b>	
CITY - ST - ZIP	<b>MEDFORD, MA 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISSEY, DONALD</b>	
STREET ADDRESS	<b>47 NIDA DR</b>	
CITY - ST - ZIP	<b>NORTHFORD CT</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEARST, SHELDON</b>	
STREET ADDRESS	<b>3 MAPLE LN</b>	
CITY - ST - ZIP	<b>WESTPORT CT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KONOVER, DANIEL</b>	
STREET ADDRESS	<b>15 MORAND LANE</b>	
CITY - ST - ZIP	<b>WILTON CT</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGRETO, JAMES</b>	
STREET ADDRESS	<b>126 MIDDLETON PL</b>	
CITY - ST - ZIP	<b>BRONVILLE NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>02155</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>06472</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>06880</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>06897</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>10708</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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]* **SR VP Corp Oper.**      **4/15/96**      Date: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date/Time/Phone #

CR2E034 (12/95)