


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A96000001779</b>			
MID-FLORIDA FOOD STORES, LTD.					
Mailing Address <b>8551 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE FL 32256</b>		Principal Office Address <b>9551 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE FL 32256</b>		3. Date Formed or Registered <b>09/26/1996</b>	5a. Capital Contributions as Shown on record. <b>\$750,000.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>04/07/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	
City & State		City & State		6. FEI Number <b>59-3397235</b> <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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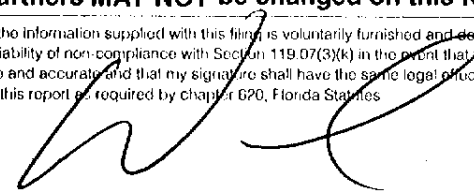


9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
MID-FLORIDA FOOD STORES, INC. 9551 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE FL 32256		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MID-FLORIDA FOOD STORES, INC	9551 BAYMEADOWS ROAD,	JACKSONVILLE FL 32256	P96000074779
10000235-0311-0 -11/21/97-01982-159 ****541.25 ****541.25			

CR2E003 (6/97)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **11/17/97**

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_