

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002763 (1)

1. Corporation Name

NO FRILLS, INC.

Principal Place of Business

% THE BANK OF NEW YORK
48 WALL ST. 16TH FLR
NEW YORK NY 10286
US

Mailing Address

% THE BANK OF NEW YORK
48 WALL ST. 16TH FLR
NEW YORK NY 10286
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

VOIGHT, JOHN D ESQ
DOUMAR CURTIS CROSS LAYSTROM & PERLOFF
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

03/22/1995

4. FEI Number

06-1312839

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

10. Name and Address of New Registered Agent

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 607.0532 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	DIETZ, HAROLD T	48 WALL STREET	NEW YORK NY	☐
D	KRAUSS, DAVID P	48 WALL STREET	NEW YORK NY	☐
PD	SILITCH, NICHOLAS D.	48 WALL STREET	NEW YORK NY	☐
V	LEARY, JOSEPH F.	48 WALL ST, 16TH FLR	NEW YORK NY	☐
S	MCSWIGGAN, JACQUELINE R.	48 WALL STREET	NEW YORK NY	☐
T	SCRAGG, WILLIAM M.	48 WALL STREET	NEW YORK NY	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
12 NAME				☐	☐	☐
13 STREET ADDRESS				☐	☐	☐
14 CITY-STATE-ZIP				☐	☐	☐
21 TITLE				☐	☐	☐
22 NAME				☐	☐	☐
23 STREET ADDRESS				☐	☐	☐
24 CITY-STATE-ZIP				☐	☐	☐
31 TITLE				☐	☐	☐
32 NAME				☐	☐	☐
33 STREET ADDRESS				☐	☐	☐
34 CITY-STATE-ZIP				☐	☐	☐
41 TITLE				☐	☐	☐
42 NAME				☐	☐	☐
43 STREET ADDRESS				☐	☐	☐
44 CITY-STATE-ZIP				☐	☐	☐
51 TITLE				☐	☐	☐
52 NAME				☐	☐	☐
53 STREET ADDRESS				☐	☐	☐
54 CITY-STATE-ZIP				☐	☐	☐
61 TITLE				☐	☐	☐
62 NAME				☐	☐	☐
63 STREET ADDRESS				☐	☐	☐
64 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P.

3/8/96

2124951881

CR2E034 (12/95)