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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 10005-2901
US

3. Date Incorporated or Qualified 06/04/1993
3a. Date of Last Report 03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIETZ, HAROLD T
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME KRAUSS, DAVID P
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME David P. Kraus
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME SILITCH, NICHOLAS D.
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME President
3.3 STREET ADDRESS Mark R. Slane
3.4 CITY-ST-ZIP 48 Wall Street, 16th Floor
New York, NY 10286

TITLE V
NAME LEARY, JOSEPH F.
STREET ADDRESS 48 WALL ST. 16TH FLR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME MCSWIGGAN, JACQUELINE R.
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME SCRAGG, WILLIAM M.
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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, with an address.

SIGNATURE: *Joseph F. Leary* Vice Pres Joseph F. Leary 1/10/97 212-495 1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)