

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

000392

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90055 013 ***150.00

DOCUMENT # F93000002763

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 The Bank of New York
Suite, Apt. #, etc.

22 100 Church Street - 9th F
City & State

23 New York, NY
Zip Country

24 10286 25 US

2a. Mailing Address

26 The Bank of New York
Suite, Apt. #, etc.

27 100 Church Street - 9th F
City & State

28 New York, NY
Zip Country

29 10286 30 US

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

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 607.0502 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIETZ, HAROLD T	
STREET ADDRESS	48 WALL STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAUS, DAVID P	
STREET ADDRESS	48 WALL STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SLANE, MARK R	
STREET ADDRESS	48 WALL STREET, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEARY, JOSEPH F.	
STREET ADDRESS	48 WALL ST, 16TH FLR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCSWIGGAN, JACQUELINE R.	
STREET ADDRESS	48 WALL STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JEREMIAS	
STREET ADDRESS	48 WALL STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dietz, Harold T	
1.3 STREET ADDRESS	1 Wall Street	
1.4 CITY-ST-ZIP	New York, NY	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kraus, David P.	
2.3 STREET ADDRESS	1 Wall Street	
2.4 CITY-ST-ZIP	New York, NY	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heinimann, Thomas	
3.3 STREET ADDRESS	100 Church Street	
3.4 CITY-ST-ZIP	New York, NY	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leary, Joseph F.	
4.3 STREET ADDRESS	100 Church Street - 9th Floor	
4.4 CITY-ST-ZIP	New York, NY	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McSwiggan, Jacqueline R.	
5.3 STREET ADDRESS	1 Wall Street	
5.4 CITY-ST-ZIP	New York, NY	
6.1 TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Williams, Jeremias	
6.3 STREET ADDRESS	100 Church Street	
6.4 CITY-ST-ZIP	New York, NY	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

212-437-2278

Daytime Phone #

CR2E034 (11/98)