

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

FILED

Apr 10 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 # **G75366** (6)

1. Corporation Name
GARDNER'S SUPER MARKETS, INC. NO. 6

Principal Place of Business 8287 SW 124TH STREET 200-015-1ST ST. PENTHOUSE MIAMI FL 33157 US	Mailing Address 1946 TYLER STREET HOLLYWOOD FL 33020-4517 US
--	--



2. Principal Place of Business 8287 S.W. 124th Street		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1983	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2347482	Applied For <input type="checkbox"/> Not Applicable
22. City & State Miami, Florida		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33157		28. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33157		25. Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PLOUCHA, LAWRENCE M ATKINSON, DINER, STONE, BLACK, & MANKUTTA 1946 TYLER STREET HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

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 fee if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	GARDNER, JOSEPH T			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9351 SW 56TH STREET			1.2 NAME			
CITY - ST - ZIP	MIAMI, FL 00000			1.3 STREET ADDRESS			
TITLE	CD	<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP			
NAME	GARDNER, HARVEY A. JR.			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9351 SW 56TH STREET			2.2 NAME			
CITY - ST - ZIP	MIAMI FL			2.3 STREET ADDRESS			
TITLE	DP	<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP			
NAME	ADAMS, MAURICE D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9351 SW 56TH STREET			3.2 NAME			
CITY - ST - ZIP	MIAMI, FL 00000			3.3 STREET ADDRESS			
TITLE	STD	<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP			
NAME	ADAMS, ELIZABETH G			4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	9351 SW 56TH STREET			4.2 NAME	Vice President		
CITY - ST - ZIP	MIAMI, FL 00000			4.3 STREET ADDRESS	Elizabeth G. Adams		
TITLE		<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	9351 S.W. 56th Street		
NAME				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.2 NAME			
CITY - ST - ZIP				5.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP			
NAME				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY - ST - ZIP				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, on an attachment with an address.

SIGNATURE: *Maurice D. Adams* **Maurice D. Adams** 4/16/97 271-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)