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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90925

(4)

BOBBI'S VILLAGE MARKET, INC.

FILED
Apr 16 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					II DIJIN DIDIN BIBIN BIBIN 1881
4490 U		6315 6TH ST			
1	Beach, F1 32967	VERO BOH FL 32968			_
,,,,,	won, EL JEJU/			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address	<u> </u>	05/25/1989 4. FEI Number	JAnnlind For
21		26		65-0134326	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	_ ' '
24	25 9, Name and Address of Curre		30		Yes No
0	· · · · · · · · · · · · · · · · · · ·	aur uadiateleo Adeur	81 Name	10. Name and Address of New Registered	Agent
	BURDICK, FRANK R.				
	115 6TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
VERO BCH FL 32968			83	THE STATE OF THE S	
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508. Florida Statute	es, the above-named co	rogration submits this statement for the purpose of	f changing its registered
office or a	registered agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	cointment as registered
SIGNATURE	on to the tribit, and accopt the con	ganona or, occitor too, occup, rio	ilua Sialutes.		
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent signature requ	uired when reinstating) DATE	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD SHOOLON DADGADA D	☐ DÉLÉTE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURDICK, BARBARA D.		1.2 NAME		
STREET ADORESS	6315 6TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VERO BCH FL STD	☐ DELETÉ	1.4 CITY - ST - ZIP		D Alexander
NAME	BURDICK, FRANK R.		2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	6315 6TH ST		2.2 NAME		
CITY-ST-ZIP	VERO BCH FL		2.3 STREET ADDRESS		
TITLE	VEIIO BOILTE	DELETE	2. 4 CITY-\$T-ZIP 3.1 TITLE		Change Addition
NAME		E Meete	32 NAME		C Cuaritie
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY-ST-ZiP		

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.

IGNATURE Trans DRIVER CANIER BURGET 11 02 11 100 000