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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 1 58079

(9)

FILED
May 01 1997 8:00am
Secretary of State

1. Corporation Name JACK'S FOOD MARKET, INC. Principal Place of Business 4399 NORTH PINE ISLAND ROAD SUNRISE FL 33351-6045 Mailing Address 4399 NORTH PINE ISLAND ROAD SUNRISE FL 33351-6045									
						3. Date Incorporated or Qualified 03/19/1990		e of Last 24/1996	
	Place of Business	2a. Mailing Addre	ess			4. FEI Number 65-0183765		J	Applied For
Suite, Apt	t. #, etc		etc.			Certificate of Status Desired		\$8.75	Vot Applicable Additional
22 City & Sta	ete:	City & State			·	6. Election Campaign Financing			Required
23	411,-	28				Trust Fund Contribution			May Be d to Fees
7ip 24	Country 25	Z _I p	30	Country		This corporation has liability for Florida Statutes	intangible :		s. 199.032,
	9. Name and Address of Cur		1991			10. Name and Address of New Re			
	ATATOF, JACK			81	Name				
	97 NW 88 AVENUE INRISE FL			82 3	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		· · · · · · · · · · · · · · · · · · ·
30	MNDE FL			63					
				84	City			85 Zi	o Code
T			·		•		FL		
agent. i	and the triangle and the sept and se	oligations of, Section 607.	505, Florida S	Statutes	no corporam	oration submits this statement for the pon's board of directors. I hereby accept			_
SIGNATURE	Signature, typed or product name of ingistered	agent and title it applicable	(NOTE Regis	stered Agent i		d when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. Title	Signature, typed or period name of ingistered OFFICERS /	agent and title it applicable	(NOTE Regis	stered Agent i 13. .1 TITLE		id when reinstating)	DATE		ORS IN 12
SIGNATURE	Stgrature, typed or period came of ingistered OFFICERS, P MATATOF, JACOB 4399 N PINE IS RD	agent and title it applicable	(NOTE Regis	stered Agent i	Bignature require	id when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. TIPLE NAME STREEL ADDRESS CITY-SI-ZIP	Signature, typed or per lost rapid of ingustered OFFICERS / P MATATOF, JACOB	l agent and bille it applicable AND DIRECTORS DE	(NOTE: Regis 1 LETE 1 1.	3. 1 TITLE 2 NAME 3 STREET AD 4 CITY-ST-	Bignature require	id when reinstating)	DATE	DIRECTO	DRS IN 12
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4. 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: Turner 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 apparaturess.

SIGNATURE

SOMATORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

JACOB MATATOF, RES.

(Q-11)741-5111

0292528