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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11591

(8)

SCHOONER'S MARKET, INC.

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FILED
Jan 29 1998 8:00am
Secretary of State



| Principal Place of Business Mailing Address    |   |  |                                      |                              |                     | i (entoni) ipi stani itant attia totni ilat siati minii minii ninii ninii ninii ninii  |
|--|---|--|--------------------------------------|------------------------------|---------------------|--|
| 1001 NORTH                                     | HIGHWAY A1A   | 1001 NOI                                   | 1001 NORTH HIGHWAY A1A               |                              |                     |  |
| JUPITER FL 3                                   | 3477  | JUPITER                                    | JUPITER FL 33477                     |                              |                     | DO NOT WRITE IN THIS SPACE   |
|  |   |  |                                      |                              |                     | 3. Date Incorporated or Qualified  |
|  |   |  |                                      |                              |                     | 02/21/1985   |
| 2. Principal Place of Business 2a. Mailing Add |   |  | g Address                            | Idress                       |                     | 4. FEI Number Applied For  |
| 21   |   | 26   | 26                                   |                              |                     | 59-2503587 Not Applicable  |
| Suite, Apt.                                    | #, etc.   | Suite,                                     | Suite, Apt. #, etc.                  |                              |                     | SR 75 Additional   |
| 22   |   | 27   | 27                                   |                              |                     | 5. Certificate of Status Desired Fee Required  |
| City & Stat                                    | e   | City &                                     | 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 current year Intangible   |
| 24   | 25  | 29   |                                      | 30                           |                     | Personal Property Tax due June 30. 🛛 Yes 🔲 No  |
|  | g. Name and Address of Curr   | ent Registered A                           | gent                                 |                              | ,                   | 10. Name and Address of New Registered Agent   |
| KRA  | AMER, SCOTT   |  |                                      | 81                           | Name                |  |
|  | 55 US HWY. 1  |  | 82 Street Ad                         |                              | Street              | Address (P.O. Box Number is Not Acceptable)  |
| SU   | ITE 205   |  |                                      |                              |                     |  |
|  | NO BEACH FL 33408   |  |                                      | 83                           |                     |  |
|  |   |  |                                      | 84                           | City                | 85   Zip Code  |
|  |   |  |                                      |                              | ĺ .                 | FL   ~   |
| 11. Pursuant                                   | to the provisions of Sections 607.0   | 502 and 607.1508                           | , Florida Statute:                   | s, the above                 | s-named             | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| office or r                                    | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl | ite of Florida. Suci<br>Idations of Sectio | h change was au<br>on 607.0505. Flor | uthorized by<br>ida Statutes | the cor             | poration's board of directors. I hereby accept the appointment as registered   |
| SIGNATURE                                      |   |  |                                      |                              | -,                  |  |
| SIGNATURE                                      | Signature, typed or printed name of registered :                            | gent and title if applicat                 | ole. (NOTE.                          | Registered Age               | ent algnature       | e required when reinstating) DATE  |
| 12.  | OFFICERS A  | ND DIRECTORS                               |                                      | 13.                          |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | P   |  | DELETE                               | 1.1 TITLE                    |                     | ☐ Change ☐ Addition  |
| NAME   | SZABO, JOSEPH   |  |                                      | 1.2 NAME                     |                     |  |
| STREET ADDRESS                                 | CENTER STREET   |  |                                      | 1.3 STREET                   | ADDRESS             |  |
| CITY-ST-ZIP                                    | BLOCK ISLAND, RI.   |  |                                      | 1.4 CITY - S                 | T-ZIP               |  |
| TITLE  | VP  |  | DELETE                               | 2.1 TITLE                    |                     | ☐ Change ☐ Addition  |
| NAME   | RUDDY, JOSEPH   |  |                                      | 2.2 NAME                     |                     |  |
| STREET ADDRESS                                 | 512 DOUGLAS DRIVE   |  |                                      | 2.3 STREET                   | ADDRESS             |  |
| CITY-ST-ZIP                                    | JUPITER FL  |  |                                      | 2. 4 CITY - S                |                     | ***  |
| TITLE  | S   |  | DELETE                               | 3.1 TITLE                    | <i>y</i> . <b>c</b> | ☐ Change ☐ Addition  |
| NAME   | COOPER, RON   |  |                                      | 3.2 NAME                     |                     |  |
| STREET ADDRESS                                 | 600 OAK TERRACE   |  |                                      | 3.3 STREET                   | ADDRESS             |  |
| CITY-ST-ZIP                                    | JUPITER FL  |  |                                      | 3.4. CITY - S                |                     |  |
| TITLE  | T   | -  | DELETE                               | 4.1 TITLE                    |                     | Change Addition  |
| NAME   | SPRINGER, PAUL  |  | =                                    | 4. 2 NAME                    |                     |  |
| STREET ADDRESS                                 | 31 ST. JOHN ROAD  |  |                                      | 4.3 STREET                   | ADDRESS             |  |
| CITY-ST-ZIP                                    | RIDGEFIELD CT   |  |                                      | 4.4 CITY - S                 |                     |  |
| TITLE  | MOGENELS OF   |  | DELETE                               | 5.1 TITLE                    | 1-21                | Change Addition  |
| NAME   |   |  |                                      | 5.2 NAME                     |                     |  |
| STREET ADDRESS                                 |   |  |                                      | 5.3 STREET                   | ADDRESS             |  |
|  |   |  |                                      |                              |                     |  |
| CITY-ST-ZIP<br>TITLE                           |   |  | ☐ DELETE                             | 5.4 CITY-S<br>6.1 TITLE      | 1-ZIP               | ☐ Change ☐ Addition  |
| 1  |   |  |                                      | 1                            |                     | i El Grange El Addison   |
| NAME   |   |  |                                      | 6.2 NAME                     |                     |  |
| STREET ADDRESS                                 |   |  |                                      | 6.3 STREET                   |                     |  |
| CITY-ST-ZIP                                    |   |  |                                      | 6.4 CITY-S                   | Y-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.

SIGNATURE:

HIGH OLDE EQUIRED

1-10-98 561-746-7558