

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08187 (7)
1. Corporation Name: KWIK SAVE, INC.



Principal Place of Business: 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645
Mailing Address: 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645

2. Principal Place of Business: 21 State Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 01/25/1995
4. FLE Number: 23-1658636
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1	VD	<input type="checkbox"/> DELETE
NAME	ULRICH, R.G.	
Street Address	2 PARAGON DRIVE	
CITY, STATE, ZIP	MONTVALE NJ	
2		<input type="checkbox"/> DELETE
NAME		
Street Address		
CITY, STATE, ZIP		
3		<input type="checkbox"/> DELETE
NAME		
Street Address		
CITY, STATE, ZIP		
4		<input type="checkbox"/> DELETE
NAME		
Street Address		
CITY, STATE, ZIP		
5		<input type="checkbox"/> DELETE
NAME		
Street Address		
CITY, STATE, ZIP		
6		<input type="checkbox"/> DELETE
NAME		
Street Address		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	
8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	
9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	
10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	
11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	
12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
CITY, STATE, ZIP	

14. I do hereby certify that the information supplied herein is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 as in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Robert G. Ulrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert G. Ulrich, Vice Pres./Secy./Treasurer

01-15-96 (201) 573-9700

CR2E034 (12/95)