

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11930

(5)

1. Corporation Name

GROCERY MARKETING, INC.



Principal Place of Business

8 EAST ATLANTIC AVE.
DELRAY BCH. FL 33444
US

Mailing Address

8 EAST ATLANTIC AVE.
DELRAY BCH. FL 33444
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/28/1986

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2727464

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
PD
SCHUERING, ALAN
STREET ADDRESS
8 EAST ATLANTIC AVE.
CITY- ST- ZIP
DELRAY BCH. FL

2. NAME
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

TITLE ☒ DELETE

2. TITLE ☒ Change ☒ Addition

NAME
D
SCHUERING, DARRENE
STREET ADDRESS
8 EAST ATLANTIC AVE.
CITY- ST- ZIP
DELRAY BCH. FL

2. SECRETARY
LYLE GWIN
161 N. CLARK STREET SUITE 2600
CHICAGO, ILLINOIS 60601-3221

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3. NAME
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4. NAME
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5. NAME
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6. NAME
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

407-276-181

CR2E034 (12/95)