

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P28573

(4)

1. Corporation Name

SUPER FRESH/SAV-A-CENTER, 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

FILED

95 JAN 25 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/21/1990

3a. Date of Last Report

02/08/1994

4. FEI Number

22-2630228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOBSON, DONALD
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ
TITLE	VSD
NAME	ULRICH, R. G.
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ
TITLE	V
NAME	SMITH, THOMAS L
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ
TITLE	T
NAME	MOSS, WILLIAM
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ
TITLE	D
NAME	CORRADO, F.
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ
TITLE	V
NAME	SCOLA, R.J.
STREET ADDRESS	2 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Robert G. Ulrich

Robert G. Ulrich

1-11-95 (201) 573-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Phone #)