

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2002



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -6 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28573

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

22-2630228

Applied For

Not Applicable

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

24

25

29

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10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME Stout, Karen
STREET ADDRESS 2 PARAGON DRIVE
CITY-ST-ZIP MONTVALE NJ

TITLE VSD
NAME Costantini, William P
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.
STREET ADDRESS 2 PARAGON DRIVE
CITY-ST-ZIP MONTVALE NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addit

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Culligan, Elizabeth
2 Paragon Drive
Montvale, NJ

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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, with all other like empowered.

SIGNATURE:

William P. Costantini

4-25-02

(201) 573-9700

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #