Pl	ROFIT -	IG FEE AF	TER MAY 1					
CORPORATION ANNUAL REPORT 1996			Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS					
DOCUM	1ENT# F	93000	019827 ((3)				
1. Corporation I	Name 'S MARKET, INC		`	•				
OTIL	O MENINET: INO	,						
Principal Place of Business Mailing Address								
225 WATER ST. % JOHN SUITE 900 225 WATE JACKSONVILLE BEACH FL 32202 JACKSON				E. 900				
MONOORVII	LLE BENON PE SEEDE		SHOROOHTILLE TE	JEEGE		3. Date Incorporated or Qualified 03/16/1993	3a . D	ate of Last Report 05/01/1995
2. Principal Plac	ce of Business		2a. Mailing Address		.,	4. FEI Number		Applied For
1		2	26			59-3171216		Not Applicable \$8.75 Additional
Suite, Apt. #,	, etc.	2	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required
City & State			Orty & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country 25	· -	Zip 29	Gour 30	Iry	8. This corporation has liability for Florida Statutes 🔀 Yes	intangible	
	9. Name and Addre			1301		10. Name and Address of New F		d Agent
					B1 Name			
	ford, John R Ater St.				82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)	
SUITE					83		•	
JACKS	ONVILLE FL 32202			-	B4 City		E	85 Zip Code
or realstere	d agent, or both, in the	State of Florida, S	l 607.1508, Florida Statu Such change was authori 807.0505 Florida Statute	ized by the o	re named corpor prporation's boa	oration submits this statement for the purard of directors. Thereby accept the app	rpose of ointment	changing its registered office as registered agent. I am
SIGNATURE								
12.	ignatire, typed or post-ordanic.	eliegenii Lageraioni REHCERS AND DII		13.	Agent Soprature terror	ADDITIONS/CHANGES TO OFF	CERS A	
TITLE	DST		DELETE	1 1 111	LE			Change Addition
NAME	NIXON, RICHAR	D B		1.2 NA	dE .			
STREET ADDRESS	1282 SOUTH 39 JACKSONVILLE		250 6410		REET ADDRESS			
CITY+ST+ZIP TITLE	V	DEAOITTE 324	DELFTE	2 1 7:1	Y - S1 - 7/P LE			Change Addition
NAME	WARREN, GRYN	MES M JR		2 2 NA	v#E			
STREET ADDRESS	3216 HENDRICH				FET ADDRESS			
CITY - ST - ZIP TITLE	JACKSONVILLE P	<u>FL</u>	DELETE	2 4 CI [*]	Y - ST - Zi ²			☐ Change ☐ Addition
NAME	AKRA, VINCENT	ם	Дини	3 2 NA				
STREET ADDRESS	3216 HENDRICH			33 SF	REET ADDRESS			
CITY-SI-ZIP	JACKSONVILLE	FL			V - ST - ZIP			
TITLE			DELETÉ	4 1 11				Change Addition
NAME STREET ADDRESS				42 NA 43 SH	ME REELADDRESS			
CITY-ST-ZIF					Y-S1-ZIP			
TITLE			☐ DÉLE1E	5 1 Tr				Change Addition
NAME				5.2 NA				
STREET ADDRESS					REEF ADDRESS			
CITY-ST-ZIP TITLE			DELETE	6 1 10	Y-SI-ZIP LE	(a. 5.111 · 18* · · · · · · · · · · · · · · · · · · ·		Change Addition
NAME				6 2 NA				
STREET ADDRESS				6.3 ST	REET ADDRESS			

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 policated on this annual report or suppliemental annual report is true and accurate and that may signature shall have the same legal effect as if made under oath; that I am an officer of director of the conjoration 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 Plock /3 if changed, or on any attachment with an actions.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY - \$1 - 7IP

CITY - ST - Z-P

CR2E034 (12/95)