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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:27

DOCUMENT # P93000035178 (1)

1. Corporation Name
WHOLLY HARVEST MARKET OF BOCA RATON, INC.

Principal Place of Business
2200 W GLADES RD
BLDG 8
BOCA RATON FL 33431
US

Mailing Address
~~7735 SO DIXIE HWY~~
~~W PALM BCH FL 33405~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	21	2a. Mailing Address	26 2 E CAMINO REAL
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27 ~~###~~ SUITE 108
City & State	23	City & State	28 BOCA RATON, FL
Zip	24	Zip	29 33432
Country	25	Country	30 USA

4. FEI Number: 65-0408433 ☐ 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

9. Name and Address of Current Registered Agent

~~HOMISCO INCORPORATION, INC.~~
~~222 LAKEVIEW AVE., SUITE 800~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name: DEL GOWING
82 Street Address (P.O. Box Number is Not Acceptable): c/o HONIGMAN, MILLER, SCHWARTZ et al.
83 222 LAKEVIEW AVE, SUITE 800
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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] DELMER C. GOWING III 2/9/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCARPA, JOSEPH
STREET ADDRESS	~~7735 S. DIXIE HWY.~~
CITY-ST-ZIP	~~WEST PALM BEACH FL 33405~~
TITLE	D
NAME	MADNICK, MICHAEL
STREET ADDRESS	~~7735 S. DIXIE HWY.~~
CITY-ST-ZIP	~~WEST PALM BEACH FL 33405~~
TITLE	D
NAME	BURNS, EDWARD
STREET ADDRESS	%BRENNER & FALKIN, 570 RT. 10
CITY-ST-ZIP	LIVINGSTON NJ 07039
TITLE	D
NAME	BURNS, DAVID
STREET ADDRESS	%BRENNER & FALKIN, 570 RT. 10
CITY-ST-ZIP	LIVINGSTON NJ 07039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2 E CAMINO REAL, SUITE 108	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2 E CAMINO REAL, SUITE 108	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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: X [signature] 2-6-95 407-395-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248160 CP