FII	LE NUW: F	ILING FEE	AFTER MAY	1 IS \$22	25	5.00							
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS										
DOCU 1. Corporali	MENT #	P93000	045925	(3)		·							
LEE'S	FOOD STOR	e of temple :	TERRACE, INC.										
Procinal Place	ce of Business												
ĺ			Mailing Address				i inaliani sin inine litiki kalisi balili	Hill Hill	DINGA BILLO (OLINE ILBEL BILLI)	H			
6711 MAYBOLE PLACE TEMPLE TERRACE FL 33617 US 6711 MAYBOLE PLACE TEMPLE TERRACE FL 336 US US US													
2 Principal F	Place of Business	· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualified 06/21/1993		ite of Last Report 05/01/1995				
21	Rice of Business		2a. Mailing Address				4. FEI Number	-L	Applied Fo				
Suite, Apt.	#, etc.		Suite Apt. #, etc				59-3197966		Not Applic				
City & Stat	te		City & State				5. Certificate of Status Desired		\$8.75 Additional Fee Required	al			
23 Zip		ountry	28	·			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
24				30 Count	ry		 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No 						
	g, rame uno	todiess of Current P	registered Agent		1		10. Name and Address of New R	egistered	Agent	_			
WOLFS	ON, WILLIAM I			8	"	Name				_			
6711 MAYBOLE PLACE				8	2	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)					
TEMPLE TERRACE FL 33617				Ē	3								
					1								
				8	1	City		FI	85 Zip Code				
 Pursuant to or register familiar with 	to the provisions of red agent, or both, a th, and accept the o	Sections 607,0502 an n the State of Florida Obligations of, Section	id 607.1508, Florida Sta Such change was auth 607.0505, Florida Statu	itutes, the above	ью 119 119	amed corpora ration's board	tion submits this statement for the purp of directors. Thereby accept the appo	ose of ch	anging its registered o	ffic			
SIGNATURE		वकार हो हिंदु से तका बहुन । बता ।							rogiskrod agont. i an	'			
12.		OFFICERS AND D		NOTE Regulation Age	410	SSN31-10, 16-4 aread a		E/A1E					
TATLE	D	DELETE 1					ADDITIONS/CHANGES TO OFFIC						
NAME	TIOLI GOIN, WILLIAM I		1.2 NAME	. [Change Addition	4)				
STREET ADDRESS 1504 N RIVERHILLS DRIVE			13 STHEE	ET ADDRESS									
CITY-ST-ZIP		ACE FL 33617		1.4 CITY -	\$1-	- ZIF							
TITLE	V WOOLFOON		☐ DELETE	2 1 Tillue				1	Change Additio				
STREET ADDRESS	WOOLFSON, I			2.2 NAME				,	a ∑] ×00/10/	11			
STUTEL WINDINGSS	3323 DEL KII)												

	Name and Address of Current Reg	deterned Asset		т		Florida Sta		LI Yes L				
·	and records or content Reg	istered Agent		Ļ.,	ı —	10. Name and	d Address o	f New Regis	lered Ager	 1ŧ		
WOLFO	ON SAMELAND			81	Name			·				
WULFS	ON, WILLIAM I			82	Street	Address (P.O. Box Nur	mber is Not A	gsantablat				
B/11 M	AYBOLE PLACE				Ciroci	radiess (.o. box nu	THOSE IS INOU	ссертавіе)				
IEMPLE	TERRACE FL 33617			83								
				84	City							
11 D. 10	A - 41				,				EI 85	Zı	o Code	
or registe	to the provisions of Sections 607,0502 and 6 red agent, or both, in the State of Florida Suctifications of Sections 607,0502.	07.1508, Florida Stat	tutes, the abo	ve n	amed c	orporation submits this	statement for	the purpose	of changing) ite r	opiotorad a	<u> </u>
familiar w	to the provisions of Sections 607,0502 and 6 fred agent, or both, in the State of Florida. Suc ith, and accept the obligations of, Section 607	2.0505, Florida Statut	rized by the d tes.	orpo	oration's	board of directors. The	reby accept	the appointm	ent as regis	tered	agent. Lan	nice
SIGNATURE												
12.	Signature, typed or protest has else of registrates agost an 1 the in		NOTE Regulation	Agret	sgrar n. r	feld about when recoulding			A1E			
TiTLE	OFFICERS AND DIRE	CTORS	13.				S/CHANGES			OTO	DC IN 10	
NAME	D WOLFOON WITH A CO.	☐ DELETE	1 1 Tr	îLF				- 0OL/II	Cha		Additio	
	WOLFSON, WILLIAM I		1.2 NA	ME.		İ				9-		an
STREET ADDRESS	1504 N RIVERHILLS DRIVE		1351	HEET A	ADDRESS							
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		1.4 CH	Y-\$1	-ZIP							
TITLE	V	DELETE		ll.E		☐ Cnange ☐ Addition						
NAME	WOOLFSON, LEE A		2.2 NAI	ΜÉ						iĝc	E HOOHIO	ŧI
STREET ADDRESS	3325 BEC RIDGE		23518	REEFA	ADDRESS	I						
CITY-ST-ZIP	SARASOTA FL		2 4 CIT		ŀ	1						
TITLE		DELETE	3 1 117						Char		C) Address	
NAME			3 2 NAN	ΜĒ					C Glai	ige	Addition [a .
STREET ADDRESS			33 ST	888 F A	ADORESS							
CITY - ST - ZIP			3.4 CITY		1							
TITLE		☐ DELETE	4 1111					 -	- C			_
NAME			4.2 NAM	No.					☐ Char	ge	Addition	1
STREET ADDRESS			4.3 STRI		PRABING							
CITY - ST - ZIP			4.4 CITY									
TITLE		DELETE	5 1 TiTL					-				
NAME			5.2 NAM						☐ Chan	ge	Addition	·
STREET ADDRESS			5.3 STRE		Jubres							
CITY-SI-ZiP												ĺ
TITLE		DELETE.	5 4 CiTY 6 1 7 ITL		ZH							
NAME		<u></u>			ĺ				☐ Chan	ge	Addition	
STREET ADDRESS			6.2 NAM	-								- }
CITY - ST - ZIP			6 3 STRE	ET AD	DRESS							1

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: While I was a proper of the component of the component of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of SIGNATURE:

SIGNATURE: While I was a proper of the component of th

Applied For Not Applicable \$8.75 Additional