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

PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077384 1. Corporation Name NICK'S NEIGHBORHOOD GROCERIES, INC.

Principal Place of Business 3113 FOREST BLVD WEST PALM BEACH FL 33406 US

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3113 FOREST HILL BLVD WEST PALM BEACH FL 33406

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90117 008 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/09/1993 4. FEI Number

65-0455520

Zip	City & Sta	ate . ,	City & State	. ~	•		6. Election Campaign Financing			.00 м	
25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent DEORAM FAGU 3113 FOREST HILLS BLVD WEST PALM BEACH FL 33406 82 Street Address (F.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Code 84 City FL 85 Zip Code 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	23		28				Trust Fund Contribution		Add	ded to	Fees
PEORAM FAGU 3113 FOREST HILLS BLVD WEST PALM BEACH FL 33406 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. TITLE 16. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. City 18. Street Address (P.O. Box Number is Not Acceptable) 19. Wester Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 10. Name and Address of New Registered 11. Name and Address of New Registered Agent 12. Name and Address of New Registered 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. City 15. Name and Address of New Registered Agent 16. Name and Address of New Registered 17. Name and Address of New Registered 18. Name and Address of New Registered 19. City 19.	Zip	Country	- Country Zip								<u> </u>
DEORAM FAGU 3113 FOREST HILLS BLVD WEST PALM BEACH FL 33406 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DAME FAGU, DEORAM 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.4 CITY ST-ZIP DELET 1.1 TITLE Change Additional Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 1.1 Title Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 1.1 Title 1.1 Title 1.1 Title 1.1 Title 1.1 Title 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.4 CITY ST-ZIP 1.4 CITY ST-ZIP 1.4 CITY ST-ZIP 1.5 NAME 2.2 NAME 2.3 STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	24	25 29 30					reasonal roperty rax.				
DEORAM FAGU 3113 FOREST HILLS BLVD WEST PALM BEACH FL 33406 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE NAME STREET ADDRESS NORTH MIAMI BEACH FL 33162 14.CITY-ST-ZIP OELETE 21.TITLE NAME STREET ADDRESS		9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered /	lgent		
3113 FOREST HILLS BLVD WEST PALM BEACH FL 33406 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 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME FAGU, DEORAM STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.1 TITLE DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP OChange Addition A				1	81 r	Name					
WEST PALM BEACH FL 33406 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. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GRAGU, DEORAM STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP DELETE 2.1.TITLE Change Addition Change C						82 Street Address (P.O. Box Number is Not Acceptable)					
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DO DELETE 1.1 ITILE Change Addition FAGU, DEORAM \$1.2 NAME \$7.8260 NE 19TH AVE SUITE 202 NORTH MIAMI BEACH FL 33162 1.4 City TILE DELETE 2.1.TITLE Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Chan						a dispersagiosa (r.o. pox isomber to river acceptance)					
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 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	WES	ST PALM BEACH FL 33406		17	83						
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 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				L				<u> </u>	les!	Zin Co	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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				l'	84 (City		FL	85	Zip Co	ue
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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	11 Pureuan	t to the provisions of Sections 607 0502	and 607.1508. Florida Stat	tutes, the ab	ove-n	amed corp	oration submits this statement for the purp	ose of	changin	g its re	gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or	registered agent, or both, in the State of	if Florida. Such change was	authorized	by the	e corporatio	on's board of directors. I hereby accept the	appoir	tment a	as regis	stered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE NAME FAGU, DEORAM \$12 NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME \$22 NAME \$3 STREET ADDRESS STREET ADDRESS STREET ADDRESS \$4 STREET ADDRESS \$5 STREET ADDRESS	agent. I a	am familiar with, and accept the obligat	ons of, Section 607.0505, r	-ionua Statui	les.						ł
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D D DELETE 1.1 TITLE DELETE 1.2 NAME STREET ADDRESS 7.1 12 NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP TITLE- DELETE DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STRE	SIGNATURE	Standard and Stand	and title if posticable (NC	TE: Registered A	nent si	anature require	d when rainstating)	ÖÄTE			{
TITLE D DELETE 1.1 TITLE D Change Addition Addition NAME FAGU, DEORAM 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP Change Addition Change Addition NAME STREET ADDRESS 22 NAME 23 STREET ADDRESS CITY-ST-ZIP CHANGE CANAME 23 STREET ADDRESS CITY-ST-ZIP CHANGE CANAME 23 STREET ADDRESS CITY-ST-ZIP CHANGE CANAME	42				-	9.000.0.000		RS AN	D DIRE	CTOR	S IN 12
NAME FAGU, DEORAM STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 DELETE 21.ITILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 21.STREET ADDRESS 22 NAME 23 STREET ADDRESS					E						Addition
STREET ADDRESS NORTH MIAMI BEACH FL 33162 -TITLE NAME STREET ADDRESS STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS					Æ						
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP TITLE 2.1.TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS		A CONTRACT AND AND ALICE AND				nnecee.)
TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS						217			□ Cha	ngė.	Addition
STREET ADDRESS 2.3 STREET ADDRESS		→	, L. D				the same many and a same and				
onic) Adviced	NAME				_		•				
	STREET ADDRESS	s ,					- ·	-			
CITY-ST-ZIP	CITY-ST-ZIP					ZIP	and the same of th		— Cha	nge -	Addition
THE STATE OF THE S	TITLE		LI DELETE.						[_] Oil	iige	
NAME 32 NAME	NAME										-
STREET ADDRESS . 3.3 STREET ADDRESS	STREET ADDRESS	s ·		3.3 STR	REET AC	DDRESS					1
CITY-ST-ZIP 3.4. CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>		3.4, CIT	Y-ST-2	ZIP	100				
TITLE DELETE 4.1 TITLE Change Addition	TITLE		∐ DELETE	4.1 TITL	Æ				Cna	inge	Addition
NAME 4. 2 NAME	NAME			4. 2 NA	ME						
STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS	s		4.3 STF	REET AC	ODRESS	· '				
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CIT	Y-ST-Z	iP	<u> </u>				
TITLE DELETE 5.1 TITLE Change Addition	TITLE		☐ DELETE	5.1 TITL	Æ				☐ Cha	inge	☐ Addition
NAME 5.2 NAME	NAME			5.2 NAM	ИE						
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRES	s		5.3 STF	REETAL	DORESS					}
CITY-ST-ZIP 5.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CIT	Y-ST-Z	UP					
			☐ DELETE	6.1 TITI	Æ				Cha	inge	☐ Addition
NAME - 6.2 NAME				6.2 NA	ME						
STREET ADDRESS 6.3 STREET ADDRESS				6.3 STF	REETAD	DORESS					}
CITY-ST-ZIP 2. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				6.4 CIT	Y-ST-Z	IP I					
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	LITEST-ZIP (c.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44.1-612				Carties 410 07/2Vi) Florida Statutas I fur	hor cort	if , that	the inf	ormation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.

CR2E034 (11/98)