FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

	USA GROCER, INC.					
Principal Place o	of Business	Mailing Address			99111 88 111 1988 1888 1811	H DIDDI IIDI IDDI
4550 W VILLAGE DR TAMPA FL 33624-3429		4550 W VILLAGE DR TAMPA FL 33624-3429				
				 Date Incorporated or Qualified 11/01/1993 	3a. Date of Last f	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	i i	Applied For
21]		26		59-3208361 Not Applica		Not Applicable
Suite, Apt. # 22	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be
23		28]	1	Trust Fund Contribution	AOO	ed to Fees
Ζφ 24	Country 25	Ζφ 29	Country 30	 This corporation has liability for in Florida Statutes Yes	intangible tax under s	s 199.032,
*1 1	9. Name and Address of Curre		[30]	10. Name and Address of New R		
	- 57	-	81 Name			
PATEL, H	ARISH		82 Street	Address (P.O. Box Number is Not Acceptab	la)	
4550 W VILLAGE DR			62 Street	Address (F.O. Box Number is Not Acceptab	nej	
TAMPA FL 33624			83			
			84 City		los I 2	'ip Code
			O4 City		FL 85 2	nh code
SIGNATURE .	Signature, type dior printed name of regettered age	Hel	E. Registered Agent signature ri	ADDITIONS/CHANGES TO OFF	DATE	OD0 IN 12
TITLE	DP OFFICE A	DELETE	1, 1 TITLE	ADDITIONS/OFFAINGES TO OFF	Thange	Addition
NAME	PATEL, HARISH		12 NAME	PATEL, NIRANJANA		n
STREET ADDRESS	4550 W VILLAGE DR			4550 W VILLAGE DR.		• •
004 01 36	TAMPA FL 33624-3429					••
UIT-51-20 1				TAMPA FL 22614-3429	ı	
CITY-ST-ZIF TITLE		☐ DELETE	14 CHY-ST-ZIP 2 1 THLE	TAMPA FL 33614-3429	Change	☐ Addition
		☐ DELETE	1.4 City - St - ZiP	TAMPA FL 33614-3429	☐ Change	☐ Addition
TITLE		☐ DELÉIE	1.4 CHTY - ST - ZIP 2.1 THTLE	TAMPA FL 33614-3429	☐ Change	☐ Addition
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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 cath, 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY ST-ZIE

NG OFFICER OR DIRECTOR

Daytime Phone #