FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000000215 (1)**

1. Corporation Name
GARDENS GROCERIES, INC.

Principal Place of Business
10800 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Mailing Address
COHEN, RHONDA, E.,
10800 N. MILITARY TRAIL
PALM BCH. GARDENS FL 33410
US

3. Date Incorporated or Qualified: **12/30/1993**
3a. Date of Last Report: **04/28/1995**

4. FEI Number: **65-0456467** — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Cohen, Rhonda E.
Suite, Apt. #, etc.
27 7 Via Verona
City & State
28 Palm Beach Gardens FL
Zip 29 33418 Country 30 US

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**
COHEN, RHONDA E
10800 NORTH MILITARY TRAIL
#120
PALM BEACH GARDENS FL 33410

10. **Name and Address of New Registered Agent**
81 Name
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: Rhonda E. Cohen / Rhonda E. Cohen / Rhonda E. Cohen / Rhonda E. Cohen rec DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered agent's signature required when required)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COHEN, RHONDA E	
STREET ADDRESS	16106 GLENMOOR DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	☐ DELETE
NAME	COHEN, FRIEDA R	
STREET ADDRESS	3460 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL	
TITLE	T	☐ DELETE
NAME	COHEN, FRIEDA R	
STREET ADDRESS	3460 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: Rhonda E. Cohen, President Rhonda E. Cohen Date 4/27/96 407-626-2687 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

0255929 CP