

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000013210 (7)

1. Corporation Name

THE STORK MARKET, INC.



Principal Place of Business

Mailing Address

5610 NW 31 TERR
GAINESVILLE FL 32653
US

5610 NW 31 TERR
GAINESVILLE FL 32653
US

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4607-C NW 60TH ST

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 GAINESVILLE FL

27 City & State

24 Zip 32609 25 Country

29 Zip Country 30

4. FEI Number

59-3226615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

ROBERTSON, SUSAN L
5610 NW 31 TERR
GAINESVILLE FL 32653

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

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 D DELETE
NAME ROBERTSON, SUSAN L
STREET ADDRESS 5610 NW 31 TERR
CITY-ST-ZIP GAINESVILLE FL

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

TITLE PS DELETE
NAME ROBERTSON, SUSAN L
STREET ADDRESS 5610 NW 31ST TERRACE
CITY-ST-ZIP GAINESVILLE FL

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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: Susan Robertson, President

4-24-96 352-373-5528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)