

PAY NOW. FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

95 MAY - 1 AM 6:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



RECORDED IN PUBLIC STATE  
CORPORATE RECORDS  
CORPORATION OF FLORIDA  
DEPARTMENT OF CORPORATE RECORDS

DOCUMENT # P94000022324  
192 SUPERMARKET INC

Principal Office Address: 5001. WEST 192 Unit B  
KISSIMMEE  
FL 34744

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification March 94	3a. Date of Last Payment
4. FEI Number 65-0476918	Applied For Not Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Corporation 5001. West 192 KISSIMMEE FL 34744	2a. Mailing Address 5001 W. 192 KISSIMMEE FLORIDA FL 34746
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9. Name and Address of Current Registered Agent  
R. VASISHTA  
5001. WEST 192  
KISSIMMEE  
FL 34746

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

I, the undersigned, in the presence of Section 197.0505 and 197.1503, 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 197.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

11. TITLE	PRESIDENT
11. NAME	RAS VASISHTA
11. STREET ADDRESS	1012 STANTON CT. ORLANDO FL 32836
11. CITY, ST, ZIP	
11. TITLE	V. PRESIDENT / SECRETARY
11. NAME	SONIA M. CHULANI
11. STREET ADDRESS	3149 TIMUCIA CIRCLE
11. CITY, ST, ZIP	ORLANDO FL 32837

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OF 12

14. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
14. NAME	
14. STREET ADDRESS	FL 32836
14. CITY, ST, ZIP	
15. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
15. NAME	
15. STREET ADDRESS	
15. CITY, ST, ZIP	
16. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
16. NAME	
16. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
17. NAME	
17. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
18. NAME	
18. STREET ADDRESS	
18. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(9)(b), Florida Statutes. I hereby certify that the information herein stated was the actual report or supplemental annual report in form and contents and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or 13 of this filing. I am a director, receiver or trustee with no additions.

SIGNATURE: *R. Vasishtha* R. VASISHTA, PRESIDENT. 4.20.95