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 # **P94000049676 (7)**

1. Corporation Name

SUPER DELHMARTS, INC.

Principal Place of Business	Mailing Address
% 222 LAKEVIEW AVE., FOURTH FLOOR WEST PALM BEACH FL 33401	374 GOLFVIEW RD. APT. 206 C NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21): 7245 N. Military Trail
Suite, Apt. #, etc (22):
City & State (23): Riveria Beach, Florida
Zip (24): 33410 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0510068 ☐ Applied For ☐ Not Applicable

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

FLORIDA LAW-DOCK, INC.
222 LAKEVIEW AVE., 4TH FL.
W. PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: ALBERT G. WELTER
82 Street Address (P.O. Box Number is Not Acceptable): 374 GOLFVIEW RD.
83:
84 City: NORTH PALM BEACH, FL. FL 85 Zip Code: 33408

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: ALBERT. G, WELTER, PRESIDENT
Signature, typed or printed name, of Registered Agent (if changed) — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WELTER, WILLIAM 5405 FOX VALLEY TRAIL LAKE WORTH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V/ S WELTER, WILLIAM 5405 FOX VALLEY TRAIL LAKE WORTH, FLORIDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP WELTER, ALBERT G 374 GOLFVIEW ROAD, #206C RIVIERA BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P/T WELTER, ALBERT G. 374 GOLFVIEW ROAD #206-C NORTH PALM BEACH, FLORIDA 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WELTER, RITA 374 GOLFVIEW ROAD, #206-C RIVIERA BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D WELTER, RITA 374 GOLFVIEW ROAD # 206- C NORTH PALM BEACH, FLORIDA, 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: ALBERT G. WELTER, PRESIDANT Albert G Welter 1/31/96 (407)626-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #