FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049676 (7)

SUPER DELIMARTS, INC.

Principal Place of Business		Mailing Address	Mailing Address			
7245 N. MILITARY TR		374 GOLFVIEW RD.				
RIVERIA BEACH FL 33410		APT. 206 C	APT. 206 C NORTH PALM BEACH FL 33408		DO NOT WRITE IN TH	HS SPACE
1 03		US HORITA FALM BEAC	n FL 33400		3. Date Incorporated or Qualified	110 01 7101
					06/30/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0510068	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	26		Trust Fund Contribution	Added to Fees
l Zip	Country Zip Country			8. This corporation owes or has paid the	current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No
g. Name and Address of Current F		Current Registered Agent			10. Name and Address of New Register	ed Agent
WE	ELTER, ALBERT G		81 N	ame		
374 GOLVIEW RD			82 S	reet Addre	ess (P.O. Box Number is Not Acceptable)	
NORTH PALM BEACH FL 33408			["]"			
}			83			
			B4 C	ity		85 Zip Code
			ا الما	ity	F	L B3 Zip Code
11. Pursuant	to the provisions of Sections (oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered			
office or r	egistered agent, or both, in the m familiar with, and accept the	ie State of Florida. Such change v e obligations of, Section 607.0505	vas authorized by the 5. Florida Statutes.	corporati	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE		2				
SIGNATURE	Signature, typed or printed name of regi	Hered agent and title if applicable	(NOTE: Registered Agent si	gnalure require	ed when reinstating) DA1	E
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	, , , , , , , , , , , , , , , , , , , 		1.1 TITLE	Į		Change Addition
NAME WELTER, WILLIAM			1.2 NAME			
STREET ADDRESS 5405 FOX VALLEY TRAIL		VIL .	1.3 STREET ADD	RESS		
CITY-ST-ZIP	lake worth fl		1.4 CITY-ST-ZI	,		
TITLE	PT DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	Welter, Albert G		2.2 NAME			
STREET ADDRESS 374 GOLFVIEW ROAD, #206C		#206C	2.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL		2 4 CITY-ST-Z	Р]		:
TITLE	D DELETE		3 1 TITLE			☐ Change ☐ Addition
NAME	WELTER, RITA		3.2 NAME	ŀ		
STREET ADDRESS	STREET ADDRESS 374 GOLFVIEW ROAD, #206-C		3.3 STREET ADD	RESS		
CITY-ST-ZIP	RIVIERA BEACH FL		3.4. CITY-ST-Z			
TITLE		DELETE				Change Addition
NAME	4.1		4. 2 NAME			
STREET ADDRESS	EET ADDRESS		4.3 STREET ADD	RESS		
CITY-ST-ZIP	1		4.4 CITY-ST-ZI	1		Ì
TITLE				_		Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADO	RESS		
CITY-ST-ZIP			5.4 CITY-ST-ZI			ļ
TITLE		DELETE		<u> </u>		Change Addition
NAME			6.2 NAME			
l i				63 STREET ADDRESS		
STREET ADDRESS			■ DISINEEL AUD	1633		

6.4 CITY-ST-ZIP

SIGNATURE: ALBERT G.

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental airbual 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.

FILED

Mar 24 1998 8:00am

Secretary of State