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

PROFIT CORPORATION ANNUAL REPORT



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

1996 POSCHMENT # POSCO

| DOCUMENT # P95000073891 (0) SHOP & SAVE SUPERMARKET, INC. | | | | | | | |
|--|--|--|------------------------------|---------------------------|--|--|--|
| Principal Place | of Business | Mailing Address | | | # LOUIND HE TOTAL DIGHT BOWN BEHIN DOWN SOME LINES THAT TOTAL TOTAL HEAT LINES | | |
| 2409 EAST LAKE AVE. TAMPA FL 33610 | | 2409 EAST LAKE AVE. TAMPA FL 33610 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 10/01/1995 3a. Date of Last Report | | |
| 2. Principa' Pia | ice of Business | 2a. Mailing Address 26 | | | 4. FEI Number Applied For S9 - 334-0132 Not Applied For Not Applied | | |
| Suite, Apt. # | f, etc. | Suite, Apt #, etc. | . , | | 5. Certificate of Status Desired See Required | | |
| City & State | | City & Stale | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May E Added to Fee | | |
| Zip 4] | Country 25 | Z(p | Cour | ntry | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No | | |
| | 9. Name and Address of Curr | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 Name | | | |
| | ING KYUN | | - | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| 2409 EAST LAKE AVE. TAMPA FL 33610 | | | - | 83 | | | |
| | | | - | B4 City | 85 Zip Code | | |
| | | | | FL | | | |
| or registere familiar with SIGNATURE. | of the provisions of sections of the dealers of Fig. 2 and accept the obligations of, Sections of the sections | orida. Such change was authoriz oction 607.0505, Florida Statutes | zed by the o s. | orporation's boar | ration submits this statement for the purpose of changing its registered of rd of directors. I hereby accept the appointment as registered agent. I am | | |
| 12. | | AND DIRECTORS | 13. | 5 5 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TILF | D | ☐ DELETE | 1 1 (1) | ILE | ☐ Change ☐ Additio | | |
| NAME | SHIN, SANG KYUN 2409 EAST LAKE AVE. | | 1.2 NA | | | | |
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| 11/1E | (7 Jill 1 (7 C COO 1 C | DELETE | 2 1 11 | | ☐ Change ☐ Additio | | |
| NAME | | | 2 2 NA | ME | | | |
| STREET ADDRESS | | | 2351 | REET ADDRESS | | | |
| City St ZiP | | ED DELETE | | Y-ST-ZIP | Change Change | | |
| TITLE . | | ☐ DEFELE | 3 1 TII 3 2 NA | | Change Additio | | |
| NAME STREE ADDRESS | | | | REET ADDRESS | | | |
| CITY ST ZIP | | | | IY-ST-ZIP | | | |
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| NAME | | | 4.2 NA | ME | | | |
| STHEET ADDRESS | | | 4.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | | Posters | | Y-ST-ZIP | D 00000 D 14000 | | |
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| NAME STATE ADDRESS C | | - | 52 NA | 1 | | | |
| STREET ADDRESS | | | | REET ADDRESS IY-ST-ZIP | | | |
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| NAME | | - | 6.2 NA | | _ · · _ | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY - ST - ZIF | | | 6 4 CH | [Y-ST-ZIP] | | | |
| certify that | the information indicated on this ar | nnual report or supplemental and | nual report is ea empower | true and accura | for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ate and that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that my name | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/3-//- 96

Date Daytine Prioric ■

CR2E034 (12/9)