

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009096 (4)

1. Corporation Name
SOUTHEAST WHOLESALE GROCERY, INC.



Principal Place of Business
1821 LYONS ROAD #101
COCONUT CREEK FL 33063

Mailing Address
1821 LYONS ROAD #101
COCONUT CREEK FL 33063-9290

new

new

2. Principal Place of Business	2a. Mailing Address
21 9237 N.W. 13 PL	26 9237 N.W. 13 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Coral Springs FL	28 Coral Springs, FL
Zip	Zip
24 33071	29 33071
Country	Country
25 Broward	30 Broward

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1996	1/25/96
4. FEI Number	Applied For
65-0641554	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BRAID, PAUL M
1821 LYONS ROAD #101
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name	Paul Braid
82 Street Address (P.O. Box Number is Not Acceptable)	9237 NW 13 PL
83	
84 City	Coral Springs
FL	85 Zip Code
	33071

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRAID, PAUL M	
STREET ADDRESS	1821 LYONS ROAD #101	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Braid Paul M	new
STREET ADDRESS	9237 N.W. 13 PL	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 _____ DATE _____
U-1-97 954-340-4821

CR2E034 (9/96)