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

PROFIT CORPORATION ANNUAL REPORT

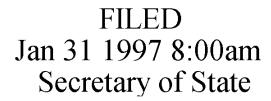


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



DOCUMENT # P96000015969 (4) L.E.'S GROCERY, INC. Principal Place of Business Mailing Address 123 U.S. HWY. 1 OAK HILL FL 32759 OAK HILL FL 32759							
					3. Date Incorporated or Qualified	3a. Date of Las	t Report
			.=		02/19/1996		
Principal Place of Business 2a. Mailing Address		F1			4. FEI Number	ļ	Applied For Not Applicable
28		Suite, Apt. #, etc.				<u> </u>	5 Additional
27		27	,		5. Certificate of Status Desired		Required
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·	***************************************	6. Election Campaign Financing	\$5.0	0 May Be
3		28			Trust Fund Contribution		ed to Fees
Zip Ti	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax unde Yes 🔲 No	r s. 199.032,
4	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New Re		
LIAI				81 Name			
	HALL, LAWRENCE E 2120 QUEEN PALM EDGEWATER FL 32132			82 Street Add	dress (P.O. Box Number is Not Acceptal	المام	
				OZ STOOL AU	dress (F.O. Box Number is Not Acceptai	л е)	
200				83			
				84 City		 85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				1 1		FL	
SIGNATURE		agent and title if applicable (N NDD DIRECTORS DELETE	OTE: Registered		ulred when reinstating) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND DIRECT Chan	
TITLE NAME	PTD Hall, Lawrence e	ביים מבננינ	1.2 N/	į.		_ Chang	je <u>L.</u> j rodilion
STREET ADORESS	2120 QUEEN PALM			REET ADDRESS			
CITY-ST-ZIP	EDGEWATER FL 32132			TY-ST-ZIP			
ITLE	VO	☐ DELETE	2.1 Til			Chan	ge 🔲 Addition
MM é	HALL, LONNIE E		2.2 NA	ME			
STREET ADDRESS	2120 QUEEN PALM		23 ST	reet address			
CITY-ST-ZIP	EDGEWATER FL 32132	DELETE		TY-ST-ZIP		☐ Chan	ne 🔲 Addition
(#TLF	VSD	DECETE	3.1 10	ļ		L. Crian	Re TT Modition
NAME STREET ADDRESS	MALCOLM, JOEL D 2120 QUEEN PALM		3.2 N/	REET ADDRESS			
CITY-ST-ZIP	EDGEWATER FL 32132		1	ITY-ST-ZIP			
DILE	EDOCHALLIC OF IOF	DELETE	4.1 Ti			Chan	ge Addition
NAME			4.2 N	1			
STREET ADDRESS	ļ			REET ADDRESS			
CITY-ST-ZIP			4.4 CI	ry-st-zip			
		DELETE	5.1 TI	TLE		☐ Chan	ge Addition
TITLE		occ		uar i			
			5.2 N/	WE.			
NAME	-	E DENET		REET ADDRESS			
NAME STREET ADORESS CITY-ST-ZIP			5,3 ST 5,4 CI	REET ADDRESS TY-ST-ZIP			00 13440-
NAME STREET ADORESS CITY-ST-ZIP TITLE		DECETE	5.3 ST 5.4 CI 6.1 TI	REET ADDRESS TY-ST-ZIP TLE		Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.3 ST 5.4 CI 6.1 TI 6.2 N/	TREET ADDRESS TY-ST-ZIP TLE		☐ Chan	ge Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE			5.3 ST 5.4 CI 6.1 TI 6.2 N/ 6.3 ST	REET ADDRESS TY-ST-ZIP TLE		☐ Chan	ge [] Addition

I do indeply certify that the information supplied with his iming coes not qualify for the exemption stated in section 119.07(3)(), Florida Statutes. I holder 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR