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

FILED May 01 1997 8:00am Secretary of State

DOCU 1. Corporatio C M S 1	MENT # P9600(SUPERMARKET, INC.	00901	31 (9)						
501 W. SUNRI	e of Business SE BLVD. DALE FL 33311	501 W.	Mailing Address 501 W. SUNRISE BLVD. FORT LAUDERDALE FL 33311-7233			F 450)(00) 410 1011/0 E1H4 6611) OE411 OBIN BOHN SOND (DOES HAD) HOT INDS			
						3. Date Incorporated or Qualified 10/30/1996	3a, Date of	Last Rep	oort
	lace of Business		ing Address			4. FEI Number EIN# 65-0709	2 (-7 (/		lied For
Suile, Apt #, etc		26 Suit	Suite, Apt. #, etc.				•	8.75 Ac	Applicable
22		27		, , , , , , , , , , , , , , , , , , , 	·	5. Certificate of Status Desired		Fee Req	
City & Stat	to	Crty 28	& State			Election Campaign Financing Trust Fund Contribution		5.00 M Added to	
Zipi	Country	Zip		Count	ry	8. This corporation has liability for			
24	25	29		30		Florida Statutes	Yes 🗷 No	<u> </u>	
DDG	 Name and Address of Curre MIER MANAGEMENT COMPAN 		I Agent	e	1 Name	10. Name and Address of New Re	gistered Agen	<u>t</u>	
	I W. OAKLAND PARK BLVD.	•		6		ress (P.O. Box Number is Not Acceptat	Ne)		
OAI	KLAND PARK FL 33311					1665 (F.O. BOX NUMBER IS NOT ACCEPTAL			
				ā	3				
				8	4 City	,	FL 85	Zip Co	ode
11. Pursuant	to the previsions of Sections 607.05	02 and 607.15	08, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the p		nging its	registered
olfice or a agent. La	registered agent, or both, in the Stat am familia, with and acceptathe oblig	e of Florida. Si gations of, Sec	uch change was ction 607.0505	authorized pida Statut	by the corpora es.	poration submits this statement for the partion's board of directors. I hereby accel	pt the appointm	ient as re	gistered
SIGNATURE	Jambs Clepsone,	PROSE		Remier		ut Corpany	2-/7- DATE	97	
12.	Signature types or primed name of registered ap OFFICERS AN	Pent and little if appl ND DIRECTOR		13.	gent signatur requ	fred when reinstating) ADDITIONS/CHANGES TO OFFICE			IN 12
Titte	D		DELETE	1.1 TITLE		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Change	Addition
NAME	CHERISOL, DESTIN 3590 N.W. 41 STREET			1.2 NAM					
STREET ADDRESS CITY+ST-ZIP	LAUDERDALE LAKES FL 333	09		1,3 STRE 1,4 Cłty	ET ADDRESS				
TOLE	D		DELETE	2.1 7ITLE				Change	Addition
NAME	CHERISOL, JULIANNE F			2.2 NAM	£				
STREET ADORESS	3590 N.W. 41 STREET LAUDERDALE LAKES FL 333	no			ET ADDRESS	. 31	354		
CHTY-ST-ZIP THTLE	CHOPCHIPACE DATES I E GOO		DELETE	2. 4 GITY 3.1 TITLE	-ST-ZIP			Change	Addition
NAMÉ				3.2 NAM				- 0 -	
STREET ADDRESS				1	ET ADDRESS				
CITY ST-ZIF			DELETE		-ST-ZIP		17	Change	Addition
TITLE NAME			T DECEMB	4.1 Title 4.2 Nam	1		L. I	មធាសិត	MUNIOUN L.
STREET ADDRESS				1	ET ADDRESS				
GITY - ST - ZIF				4.4 CITY					
TiTLE			DELETE	5.1 TITLE	1			Change	Addition
NAME STREET ADDRESS				5.2 NAM	E EY ADDRESS				
CITY-SI-ZIP				5.4 CITY					
TITLE			DELETE	6.1 TiTLE				Change	Addition
NAME				6.2 NAM	E)	•			
STREET ADDRESS					et address				
City-St-ZiP	by certify that the information supplied	ed with this fili	ng does not nua	6.4 CITY lify for the ex		d in Section 119.07(3)(i), Florida Statute	s. I further cert	fy that th	
informatio	ori indicated on this annual report or	supplemental	annual report is	true and ac	curate and tha	o in Section 119.07(3)(1), Florida Statute t my signature shall have the same legs of as required by Chapter 607, Florida S	al effect as if ma	ade unde	er oath: that