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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # **P96000090131**1. Corporation Name

C M S SUPERMARKET. INC.

_

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90159 016 ***150.00



Principal Plac	e of Business	Mailing A	.ddress			Į				
501 W. SUNRIS	SE BLVD.	501 W. St	UNRISE BLVD.							
FORT LAUDERI	DALE FL 33311	FORT LAU	JDERDALE FL 33311	1	•		DO NOT WO	TE 101 THE 6	20405	
						L	DO NOT WRI		PACE	
						1 '	rporated or Qualifed			-
						10/30/19	996			
2. Principal P	Place of Business	2a. Mailin	ng Address			4. FEI Numb			Apr	olied For
1		26				65-0709	3174		Not	Applicable
Suite, Apt.	# etc.		, Apt. #, etc.						\$8.75 A	dditional
ر برادی از		27				5. Certifcate	of Status Desired		- Fee Re	quired .
City & Stat			& State			6 Election C	Campaign Financing		\$5.00	May Re
¬ '	ie.	— ´	Cidio			1 -	d Contribution		Added to	
3		28		Count		 				71 000
Zip	Country	Zip	r	_	u y	1 '	oration owes the cur			□No
4	. [25]	29	3	0			Property Tax.			<u> </u>
	9. Name and Address of Curren	it Registered A	Agent			10. Name and	d Address of New	Registerea A	gent	
				18	81 Name					
PREMIER MANAGEMENT COMPANY				-	82 Street Add	roce (D.O. Boy Ni	umber is Not Accept	able)		
1317	7 NE 4TH AVE			`	Sueet Add	1655 (F.O. DOX 140	imber is Not Accept	abio,		}
FTL	AUD FL 33304			l i	83			-		
				- 1					_ :_	
				1	84 City			FI	85 Zip C	ode
								<u> FL</u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statutes	, the abo	ove-named corp	poration submits the	nis statement for the	purpose of c	hanging its	registered
office or i	to the provisions of Sections 607,050 registered agent, or beth, in the State am familiar with, and accept the obliga	of Florida Suc	:h change was auti on 607/05/05. Florid	norizea i Ia Statut	by the corporati les	ion s poard of dire	Clors, I hereby acce	pt the appoin	macili as ref	,istered
agent. La	_ / / / / / / .	illoris on occine	PREMIS		~ <i>"</i>		4	4.30	-99	- 1
SIGNATURE	Signature, typed or printed name of registered ager	108			gent signature require	ed when reinstating)	<u> س محت</u>	DATE	_/_/	
12.		ND DIRECTOR		13.			S/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
	D	ID DIRECTOR	DELETE	1.1 TITL	F	7,000			Change	Addition
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NAME	CHERISOL, DESTIN			1.2 NAM	Į.					J
STREET ADDRESS	3590 N.W. 41 STREET			1.3 STR	REET ADDRESS	•				
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	9		1.4 CITY	Y-ST-ZIP					
TITLE	D		☐ DELETE							☐ Addition }
NAME	CHERISOL, JULIANNE F			2.1 TITL	.E	<u> </u>			☐ Change	,aao., }
				2.1 TITL 2.2 NAM					☐ Change	, wantou
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14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

354-767-9149

Daytime Phone #