

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 14 1997 8:00am  
Secretary of State

DOCUMENT # P96000096582 (7)

1. Corporation Name  
**THE FRENCH GROCER, INC.**



Principal Place of Business

C/O F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

Mailing Address

C/O F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202-3500

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: *Nicholas Derooy*, Authorized Signatory for F&L Corp.

DATE: April 9, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: DEROY, MICHEL  
STREET ADDRESS: LA PIERRE 1 ALLEE DU CEDRE  
CITY-ST-ZIP: 37100 TOURS FRANCE

1.1 TITLE: President and Treasurer  
1.2 NAME: La Pierre, 1 allée du Cedre  
1.3 STREET ADDRESS: La Pierre, 1 allée du Cedre  
1.4 CITY-ST-ZIP: 37100 TOURS FRANCE

TITLE: Secretary  
NAME: Virginia E. Derooy  
STREET ADDRESS: La Pierre, 1 allée du Cedre  
CITY-ST-ZIP: 37100 TOURS, France

2.1 TITLE: Change Addition  
2.2 NAME: Change Addition  
2.3 STREET ADDRESS: Change Addition  
2.4 CITY-ST-ZIP: Change Addition

TITLE: Change Addition  
NAME: Change Addition  
STREET ADDRESS: Change Addition  
CITY-ST-ZIP: Change Addition

3.1 TITLE: Change Addition  
3.2 NAME: Change Addition  
3.3 STREET ADDRESS: Change Addition  
3.4 CITY-ST-ZIP: Change Addition

TITLE: Change Addition  
NAME: Change Addition  
STREET ADDRESS: Change Addition  
CITY-ST-ZIP: Change Addition

4.1 TITLE: Change Addition  
4.2 NAME: Change Addition  
4.3 STREET ADDRESS: Change Addition  
4.4 CITY-ST-ZIP: Change Addition

TITLE: Change Addition  
NAME: Change Addition  
STREET ADDRESS: Change Addition  
CITY-ST-ZIP: Change Addition

5.1 TITLE: Change Addition  
5.2 NAME: Change Addition  
5.3 STREET ADDRESS: Change Addition  
5.4 CITY-ST-ZIP: Change Addition

TITLE: Change Addition  
NAME: Change Addition  
STREET ADDRESS: Change Addition  
CITY-ST-ZIP: Change Addition

6.1 TITLE: Change Addition  
6.2 NAME: Change Addition  
6.3 STREET ADDRESS: Change Addition  
6.4 CITY-ST-ZIP: Change Addition

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: *Nicholas Derooy* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

33.247.41.06.64  
Date: 4.1.1997 Daytime Phone # 0000000

CR2E034 (9/96)