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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054301 (1)

**GROCERY SHOPPING BY MICHAELA INC.** 

Principal Place of Business Mailing Address 47 VISTA GARDENS TRAIL 47 VISTA GARDENS TRAIL VERO BEACH FL 32962 VERO BEACH FL 32962 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/<u>1</u>997 2s. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 26 Trust Fund Contribution Added to Fees Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JAMIESON. MICHAELA 47 VISTA GARDENS TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32962 83 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE es i Dent Michaela Jamieson 47 Vista GARDENS TRAIL NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Vero Beach, 11 32962 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ichaela Jamieson Wista Glardens Trail NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Vero Beach H. 32942 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-2IP DELETE Addition 4.1 HTLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

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.

**FILED** 

May 04 1998 8:00am

Secretary of State

CR2E034 (10/97