

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

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90033 010 \*\*\*550.00

**DOCUMENT # P97000070792**

I. Corporation Name

**GARDNER'S SUPER MARKETS, INC. NO. 11**



Principal Place of Business  
51 BRICKELL KEY DRIVE  
MIAMI FL 33131

Mailing Address  
C/O LAWRENCE M. POLUCHA, ESO.  
1946 TYLER STREET  
HOLLYWOOD FL 33022-2088  
US

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0774074</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C/O LAWRENCE M. POLUCHA  
1946 TYLER STREET  
HOLLYWOOD FL 33022

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GARDNER, JOSEPH T	1.1 TITLE	D
NAME	9351 S.W. 56TH ST.	1.2 NAME	LOUISE G. SCHWARTZ
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	9351 S.W. 56 STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DP	2.1 TITLE	
NAME	ADAMS, MAURICE D	2.2 NAME	
STREET ADDRESS	9351 S.W. 56TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STDV	3.1 TITLE	
NAME	ADAMS, ELIZABETH G	3.2 NAME	
STREET ADDRESS	9351 S.W. 56TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE D. ADAMS

Date

Daytime Phone #

CR2E034 (1/98)