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 # P97000095390

1. Corporation Name

BUTCHER BOY MARKET, INC.

Principal Place of Business

Mailing Address

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 018 ***150.00



176 SW 4TH STREET HOMESTEAD FL 33030	176 SW 4TH STREET HOMESTEAD FL 33030		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed 11/06/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	_ T_	Applied For		
21	26			65-0792336	[Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	75 Additional ee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		:00 May Be		
Zip Country 25	Zip ' Country 30			8. This corporation owes the current year Intangible Personal Property Tax.				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
JONES, CHARLES L		81	Name					
9900 SW 168 STREET SUITE 9		82	Street Addres	treet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33157		83						
<u> </u>		84	City	FL	85	Zip Code		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	e-named corpora	ation submits this statement for the purpose of	changir	ng 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											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE							
TITLE	DPT	☐ DELETE	1.1 TITLE		- Change	Addition					
NAME	CALDWELL, RICTOR		1.2 NAME			· ·					
STREET ADDRESS	14505 SW 106 COURT		1.3 STREET ADORESS]					
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP								
TITLE	DVS .	☐ DELETE	2.1 TITLE		Change	Addition					
NAME	MARCH, MARTHA		2.2 NAME)					
STREET ADDRESS	14515 SW 106 COURT		2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP			ĺ					
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition					
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS			·					
CITY-ST-ZIP			3.4. CITY-ST-ZIP	\		_ {					
TITLE		☐ DELETE	4.1 T/TLE		Change	☐ Addition					
NAME			4. 2 NAME			}					
STREET ADDRESS			4.3 STREET ADDRESS			1					
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		□ DELETE	5.1 TITLE		Change	☐ Addition					
NAME			5.2 NAME								
STREET ADDRESS	•	•	53 STREET ADDRESS			}					
CITY-ST-ZIP			5.4 CITY-\$T-ZIP								
TILE		DELETE	6.1 T/TLE		Change	☐ Addition					
NAME	• • •		6.2 NAME			}					
STREET ADDRESS			6.3 STREET ADDRESS			{					
CITY-ST-ZIP			6.4 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, with all other like empowered.

SIGNATURE: