

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034441

i. Entity Name

OMNIGROCER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90073 004 ***158.75

Principal Place of Business	Mailing Address
W PALMETTO PK RD RATON FL 33432	200 W PALMETTO PK RD #306 BOCA RATON FL 33432-3759 US

D0036647



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4910 BLUE LAKE DRIVE Suite, Apt. #, etc. SUITE 120 City & State BOCA RATON Zip 33431 Country USA	3. Mailing Address 4910 BLUE LAKE DRIVE Suite, Apt. #, etc. SUITE 120 City & State BOCA RATON Zip 33431 Country USA
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4. FEI Number 65-0830070	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMILTON, BRENDA L 555 SOUTH FEDERAL HWY., STE. 400 BOCA RATON FL 33432
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7. Name and Address of New Registered Agent	
Name MICHAEL G. DUGGAN	
Street Address (P.O. Box Number is Not Acceptable) 4910 BLUE LAKE DRIVE, SUITE 120	
City BOCA RATON	FL Zip Code 33431

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE <i>Michael G. Duggan</i> MICHAEL G. DUGGAN C.O.O.	DATE 2/23/00
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP HACK, LEONARD 555 SOUTH FEDERAL HWY., STE. 400 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME C. CHARLES J. KROPKE STREET ADDRESS 2303 SE. 14TH STREET CITY-ST-ZIP POMPAHO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME M. S.T. MICHAEL G. DUGGAN STREET ADDRESS 1100 N.W. 13 STREET SUITE D296 CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

i3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Michael G. Duggan</i> MICHAEL G. DUGGAN C.O.O.	DATE 2/23/00	DAYTIME PHONE # 561-998-2470
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CR2E034 (9/99)