

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S24527

(1)

1. Corporation Name

ADEL SUPER MARKET, INC.



Principal Place of Business

2500 CHARLEVOIX STREET
JACKSONVILLE FL 32206

Mailing Address

2500 CHARLEVOIX STREET
JACKSONVILLE FL 32206

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/11/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3046491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISAAC, FRED C. ESQUIRE
2468 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

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 of Registered Agent (Other than a corporation or partnership)

Signature of Registered Agent (Signature required for all filings)

DATE

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ZEDAN, SAMER

2500 CHARLEVOIX STREET
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ZEDAN, RAJEH

2500 CHARLEVOIX STREET
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ZEDAN, AZIZ

2500 CHARLEVOIX STREET
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered or trusted employee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AZIZ ZEDAN 4/18/96

CR2E034 (12/95)