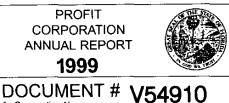
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90044 005 \*\*\*150.00

PEOPLE'S MARKET, INC. Mailing Address Principal Place of Business 1027 S.W. 4TH AVE. 712-714 W. ATLANTIC AVE. DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 07/30/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0379994 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PORTALIS, PIERRE 82 Street Address (P.O. Box Number is Not Acceptable) 1027 S.W. 4TH AVE. **DELRAY BEACH FL 33444** 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE PORTALIS, PIERRE 1.2 NAME NAME 1027 SW 4TH AVE. 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE [ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME PIERRE, ZELO NAME 2.3 STREET ADDRESS 1027 SW 4TH AVE. STREET ADDRESS DELRAY BCH. FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □1 DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition [] DELETE 5.1 TITLE TITLE, **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY- ST- ZIP CITY-GT-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPEO'DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-99

561-272-6155

CR2E034 (11/98)