**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 # **V62422** **(3)**

1. Corporation Name
**FOUR SEASONS MARKET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 749<br>HOBE SOUND FL 33475 | P O BOX 749<br>HOBE SOUND FL 33475 |

3. Date Incorporated or Qualified: **09/08/1992**
3a. Date of Last Report: **03/10/1995**

4. FEI Number: **65-0357579** ☐ 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

2. Principal Place of Business
21: 10305 US Rod Hwy 1
Suite, Apt. #, etc.
22:
City & State
23: Hobe Sound FL
Zip: 24: 33455
Country: 25: USA

2a. Mailing Address
26: 15324 Mack
Suite, Apt. #, etc.
27: Suite 301
City & State
28: Grosse Pointe Park, MI
Zip: 29: 48224
Country: 30: USA

9. Name and Address of Current Registered Agent

**SANNER, GARY**
**9038 S.E. STAR ISLAND WAY**
**HOBE SOUND FL 33455**

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: X Gary Sanner Gary Sanner, President X 3-29-96
Signature required (or printed name of registered agent or officer if applicable) (Printed Registered Agent's name if other than officer signing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SANNER, GARY | 1.2 NAME | |
| STREET ADDRESS | 9038 SE STAR ISLAND WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL | 1.4 CITY-ST-ZIP | |
| TITLE | V ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOORE, ANN D | 2.2 NAME | |
| STREET ADDRESS | 9038 S.E. STAR ISLAND WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL | 2.4 CITY-ST-ZIP | |
| 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 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** X Gary Sanner X 3-29-96 X 5462714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)