

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF MISSISSIPPI <u>Illinois</u>		PROOF OF CLAIM
Name of Debtor Kmart Corp. d/b/a Kmart #4420		Case Number 02-B-02462-02-B-2494 (STS)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): State of Florida Dept. of Business & Professional Regulation		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
Name and address where notices should be sent Div. of Alcoholic Beverages & Tobacco 1940 North Monroe Street/Northwood Centre Tallahassee, FL 32399-2202 Attn: Theresa Bender, Asst. General Counsel Telephone number: (850) 488-7365		
Account or other number by which creditor identifies debtor. Alcoholic beverage license number: 52-02322		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
2. Date debt was incurred: <u>1/16/02</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>1000.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment, on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY KP 871 RECEIVED JUDICIAL SERVICES CLERK 3/28/02 2002 MAR 28 PM 1:11 BANKRUPTCY
Date Mar. 25, 2002	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): Nancy Hulse for: Richard E. Turner, Director Div. of Alcoholic Beverages & Tobacco	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571		



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

March 14, 2002

Florida's Future...
**Right Here.
Right Now.**

Kmart Corp./Store #4420
3711 East Silver Springs Blvd.
Ocala, Florida 34470

Re: AR# 021244 CERTIFIED 7000 1670 0012 4189 8714
DBA: Kmart Corp., Store 4420
License # 52-02322

Job Bush
Governor

Kim Binkley-Soyer
Secretary

Dear Licensee:

Division of Alcoholic
Beverages and Tobacco
Bureau of Auditing
1840 North Monroe Street

You are hereby notified that the check indicated below, issued to this agency, has been dishonored. Pursuant to Florida law, you have seven (7) days from receipt of this notice to pay the full amount of the check and a service charge of \$15 or 5% of the amount of the check, whichever is greater, as follows:

Tallahassee, Florida
32399-1022

Check Number	6564925	Drawn on: Then Bank of New York
Amount of Check	\$1,000.00
Service Charge	\$50.00
Total (submit to Barbara Womble, Bureau of Finance & Accounting)	...	\$1,050.00

VOICE
850.821.2152

Delinquent Penalty (due to return check on renewal -~~separate check~~)\$
Unless the total amount due is paid in full within seven (7) days, the agency may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution. In addition, you may be liable in a civil action for triple the amount of the check, but in no case less than \$50, together with the amount of the check, a service charge, court costs, reasonable attorney fees and incurred bank fees as provided in s 215.34, Florida Statutes. In the alternative or in addition to the penalties already prescribed, the Division may bring administrative action against your license or permit which can result in a substantial civil penalty being assessed, suspension or revocation of your license or permit or a combination of such penalties.

FAX
850.488.3530

EMAIL
ABT@dbpr.state.fl.us

INTERNET
www.MyFlorida.com

The Division will only accept Cashier's Checks, Money Orders or Certified Checks, made payable to the Department of Business and Professional Regulation, to cover the total amount due. Payment must be made at the address below, at which time the dishonored check will be returned to you.

If you have any questions concerning this correspondence, please contact the district office.

Sincerely,

Dorothy Brown
Dorothy Brown
Accountant III

cc: Gainesville Enforcement

RECEIVED
MAR 18 2002
DIV. OF ABT
GAINESVILLE, FL



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Jeb Bush
Governor

Kim Binkley-Soyer
Secretary

2/12/2002

* KMART CORP/ STORE 4420
3711 EAST SILVER SPRINGS BLVD
OCALA, FL 34470

RE: AR # 021244 LICENSE NO 5202322 DBA KMART CORP STORE 4420

Dear Payor:

You are hereby notified that check number, 6564925, in the amount of \$1,000.00 has been returned to our office dishonored. Pursuant to section 215.34, Florida Statutes, you have (7) days from receipt of this notice to tender full face value of the returned item plus a service charge of \$50.00.

Unless full restitution in the amount of \$1,050.00 is received within the time specified above, the Board/Division has the authority to take disciplinary action. In addition, the account may be sent to a collection agent and an additional fee of 15.9% will be assessed.

In order to expedite this matter, please place your cashier's check or money order in the enclosed envelope and promptly return it to this office. If you have any questions regarding this letter, please contact me at (850)487-9740.

Sincerely,

Barbara A. Womble
Accountant I
Bureau of Finance and Accounting

mcv
Enclosure
cc: DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

DISHONORED CHECK:	\$	\$1,000.00
SERVICE CHARGE:		\$50.00
TOTAL:	\$	\$1,050.00

Civil Paralel
RECEIVED
MAR 18 2002
DIV. OF ART
GAINESVILLE, FL

Mar. 13 2002 2:51PM

No. 3031 P. 5/12

Check Number 6564925

Date 01/16/2002

VOID AFTER SIX MONTHS
NOT NEGOTIABLE PRIOR TO
DATE ISSUED

Pay To The Order Of **Kmart Corporation**

DIVISION OF ALCOHOLIC BEVERAGE
240 N.W. 7TH DRIVE, STE B
GAINESVILLE, FL 32607

37115
AMOUNT \$1000.00

02/12/02

ONE THOUSAND AND OHN DOLLARS
LEGAL DEPT. - #11704 11991

By **5202323**

REFER TO MAKERS 5173

02/12/02

The Bank of New York (Delaware)

JAN 29 2002 10:00 AM
1500 FIRST AVENUE, SUITE 1000, NEW YORK, NY 10008

THIS DOCUMENT IS PRINTED IN PLUETIN AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑆5564925⑆ ⑆00351⑆ ⑆030097517⑆

⑆0000100000⑆

⑆0999310317⑆

⑆0999310317⑆

400-12

RECEIVED

MAR 13 2002

DIV OF ADI
GAINESVILLE, FL

Mar 18 2002 2 52PM

No 3081 P 7/12

*Copies to: 900 - Legal
FLA/Warbu 3/5/2002 mailed
NA.*



Deborah L. Miela
Divisional Vice President
Trade Regulation
248 463 1053
dmiela@kmart.com

FILE
[Signature]
3/5/2002
[Signature]

Kmart Corporation
Resource Center
3100 West Big Beaver Road
Troy MI 48064-3163
248 463 1054 Facsimile

Susan M. Senopole
Senior Paralegal
248 463 2727
ssenapol@kmart.com

Frances M. Debinski
Paralegal
248 463 6823
fdebinski@kmart.com

RECEIVED
MAR 24 2002
DIV OF EAST
GAINESVILLE, FL

February 25, 2002

Donald G. O'Steen
Florida Department of Business
And Professional Regulation
Division of Alcoholic Beverages
And Tobacco
240 N.W. 76th Drive, Suite B
Gainesville, FL 32607

COPY

Re: Kmart Corporation #4420, Ocala, FL
Case Number: CA52 010616
Your File Number: AR#021244

FILE

*#10 [Signature] Conf. 3/5/2002
Case [Signature]*

Dear Mr. O'Steen:

Please be advised that on January 22, 2002 Kmart Corporation filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code, 11 U.S.C. §§ 101-1330, as amended (the "Bankruptcy Code"), in the United States Bankruptcy Court for the Northern District of Illinois (the "Bankruptcy Court"), Case Nos. 02 B 02462-02 B 2494 (SPS) (Jointly Administered). As a result of the filing, any further action against the Debtor is stayed under section 362(a) of the Bankruptcy Code.

Please be further advised that any action taken against the Debtor or its property without first obtaining relief from the automatic stay from the Bankruptcy Court may be subject to findings of contempt and the assessment by the Bankruptcy Court of penalties, fines, and/or sanction, as may be appropriate.

Respectfully submitted,

[Signature]

Deborah L. Miela

cc: Store Manager, Kmart #4420, Ocala, FL
Barbara A. Womble, FL Dept. of Business, Bureau of Finance & Accounting

STATE OF FLORIDA
DIVISION OF ALCOHOLIC BEVERAGES
AND TOBACCO

CASE NUMBER CA 52 010616
LICENSE NUMBER 52-02322

Page 5

DIVISION OF ALCOHOLIC BEVERAGES AND
TOBACCO,

LEGAL CASE NO.....
DOAH CASE NO.....
SERIES2APS

Petitioner,

VS.

Kmart Corporation
Kmart #4420

Respondent

FILE

Dist. to Inf.

Dec 28 2001

STIPULATION

Pursuant to S.120.57(4), F.S., the above named parties hereby enter into this Stipulation as disposition of the attached Administrative Action, in lieu of any other administrative proceedings authorized in Chapter 120, F.S. The terms herein become effective only if and when the Division accepts this Stipulation as evidenced by an authorized signature. In considering this the Division may review all investigative materials regarding this action, past administrative penalties and violations, tax delinquencies, and failure to make timely payments to alcoholic beverage distributors by this license. If this Stipulation is rejected, it shall not be used against either party and shall be considered a request for an administrative hearing.

STIPULATED FACTS

- 1) Respondent admits that the allegations of the Administrative Action are true.
- 2) During the time the Violation(s) occurred, Respondent was licensed by the State of Florida as a Vendor having been issued license number 52-02322 series 2APS.

CONCLUSIONS OF LAW

- 1) Respondent admits that the Stipulated Facts contained in the Administrative Action constitute violations of law and subjects the license and/or permit to administrative penalties

SETTLEMENT

- 1) Respondent shall pay \$1000 as an administrative fine within 15 days after receipt of this accepted Stipulation.
- 2) Respondent shall pay SN/A in late penalties for delinquent tax reports within N/A days after receipt of this accepted Stipulation, which will be for late reports received by the Division of Alcoholic Beverages and Tobacco.
- 3) Respondent shall serve a 7 day suspension which shall begin on the first Monday that is not a legal holiday 15 days following receipt of this accepted Stipulation.

STATE OF FLORIDA
DIVISION OF ALCOHOLIC BEVERAGES
AND TOBACCO

CASE NUMBER CA 52 010616
LICENSE NUMBER 52-02322

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Kmart #4420

- 4) Respondent shall submit alcoholic beverage license/tobacco permit # N/A for revocation effective N/A days after acceptance by the Director.
- 5) Respondent shall reimburse investigative costs to the Division in an amount of \$N/A and reimburse investigative costs to the N/A in a separate check, in the amount of \$N/A which shall both be remitted to your local District office of the Division of Alcoholic Beverages and Tobacco within N/A days following receipt of this Stipulation.
- 6) Respondent shall forfeit all evidence seized related to this Administrative Action. The below listed items shall be returned to the Respondent by Petitioner within 15 days after receiving acceptance of this Stipulation as follows:
- 7) Respondent waives the right to seek any attorney's fees or cost from the Petitioner or its agents or employees in connection with this disciplinary proceeding.
- 8) Additional Agreements:
- 9) Respondent understands that the failure to comply with this Stipulation, or any part of it, may result in additional penalties for violating an order of the Division.
- 10) Have all violations cited in the attached Administrative Action been corrected as of this date?
(X) Yes () No
- 11) ~~The following corrective action plan has been taken by the licensee to prevent future violations of the same nature as cited in the Administrative Action.~~
~~Licensee will prepare all future surcharge reports and payments are filed in a timely manner in accordance with section 561.501, Florida Statutes.~~ _____ (Licensee's Initials)
- 12) If charges related to drug violations or underage sales violations, the licensee acknowledges that he/she is in compliance with 561.701 F.S. through 561.706 F.S. and 569.003 F.S. (Florida Responsible Vendor Action) and 569.008 F.S. (Retail Tobacco Productions Dealer Qualifications)
(X) Yes () No

STATE OF FLORIDA
DIVISION OF ALCOHOLIC BEVERAGES
AND TOBACCO

CASE NUMBER CA 52 010616
LICENSE NUMBER 52-02322

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Kmart #4420

MUST SIGN IN THIS AREA

PRINTED NAME OF ATTORNEY _____ DATE _____

X [Signature]
SIGNATURE OF LICENSEE, CORPORATE
OFFICER, or ATTORNEY FOR LICENSE

MAILING ADDRESS _____

X William L. WULFERS
PRINTED NAME OF LICENSEE OR OFFICER

CITY _____ STATE _____ ZIP _____

X KMART CORPORATION
3100 N. BIG BEAVER
MAILING ADDRESS

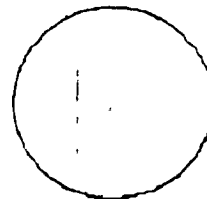
AREA CODE AND PHONE NO. _____

X TROY ME 48087
CITY STATE ZIP
X (548) 463-8494
AREA CODE AND PHONE NO.

CORPORATION MUST COMPLETE THE FOLLOWING PARAGRAPH TO THIS STIPULATION NOW, THEREFORE, BE IT RESOLVED, THAT ON _____, 2001, a meeting of the Board of Directors was held pursuant to legal notice and that the Officer's signature appearing on this STIPULATION, executed in Case Number CA 52 010616 on behalf of this Corporate Respondent, is duly authorized, empowered and perfected to execute the Stipulation on behalf of the Corporation and is further empowered to execute any other documents necessary to fulfill the intent of the Stipulation.

IN WITNESS THEREOF, I have set my HAND AND SEAL OF THIS Corporation this _____ day of _____, 2001.

MUST AFFIX SEAL OR FACSIMILE HERE



X _____
(MUST SIGN) LICENSEE/CORPORATE SECRETARY SIGNATURE

FOR OFFICE USE ONLY
DIRECTOR'S OR DESIGNEE APPROVAL SECTION

() APPROVED () DISAPPROVED

SIGNATURE [Signature] DATE 12/31/01

NAME OF DIRECTOR OR DESIGNEE D. OSTEEN

CERTIFICATE OF INCUMBENCY AND
CERTIFIED COPY OF EXTRACTS OF BY-LAWS


I, James E. Defebaugh, hereby certify that I am the duly elected, qualified and acting Secretary of Kmart Corporation, a Michigan corporation, that I have custody of the records and Corporate Seal of said Corporation, and that:

- (1) William L. Wulfers is and has been at all times since July 11, 2001 the duly elected and qualified Senior Vice President, Southeast of Kmart Corporation.
- (2) As of this date, the following are extracts of the By-Laws of this Corporation, and the said By-Law provisions are now in full force and effect and have not been altered, amended or repealed, except as shown herein:

ARTICLE III. Section 3 of the By-Laws of Kmart Corporation.

...Any Vice President shall have authority to execute on behalf of the Company any and all contracts, agreements, bonds, deeds, mortgages, leases or other obligations of the Company.


To certify which witness my hand and seal of this corporation this 17th day of December, 2001.


James E. Defebaugh

STATE OF MICHIGAN)
COUNTY OF OAKLAND)

Before me, a Notary Public in and for said state, on this day personally appeared James E. Defebaugh, Secretary of Kmart Corporation, a Michigan corporation, known to me to be the person and officer whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the 17th day of December, 2001.


Notary Public

ANN S. ZELASKO
Notary Public, Oakland County, Mich.
My Commission Expires Jan 11, 2003

Mar 18 2002 2:52PM

No. 3081 P. 8/12

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
ADMINISTRATIVE CASE
DISPOSITION TRACKING

CASE NUMBER.....:CA 52 010616 LICENSE NUMBER.....: 52-02322
D/B/A.....: KMART #4420
DATE ADMIN ACTION SERVED.....: 12/05/2001
DATE STIPULATION AND/OR
FINAL ORDER SERVED.....: 12/31/2001
CASE DISPOSITION CODE.....: 2 : Suspension
DATE OF DISPOSITION.....: 02/04/2002
TOTAL DAYS.....: 61
PRIMARY VIOLATION CODE.....:
WAS THIS CASE SETTLED BY STIPULATION...: Y
ADMINISTRATIVE FINE OF.....: \$1000.00
DATE PAID.....: 01/18/2002
RECEIPT NUMBER.....: 010223199
SUSPENSION SERVED FROM.....: 01/28/2002
SUSPENSION SERVED TO.....: 02/04/2002
TOTAL NUMBER DAYS SUSPENDED.....: 7
LICENSE REVOKED ON.....: N/A
DATE RETURNED TO LICENSING.....: 02/04/2002
INVESTIGATIVE COST PAID.....: N/A
DATE PAID.....: N/A
RECEIPT NUMBER.....: N/A
INVESTIGATIVE COST OTHER AGENCY...: N/A
DATE PAID.....: N/A
RECEIPT NUMBER.....: N/A
FIST.....: N/A

FILE
2/28/02

COMMENTS:

SURCHARGE TAXES COLLECTED.....: \$0.00
SURCHARGE PENALTIES.....: \$0.00
SALES TAX COLLECTED.....: \$0.00
OTHER MONEY COLLECTED.....: \$0.00
ADMINISTRATIVE CIVIL PENALTY.....: \$1000.00
TOTAL...: \$1000.00

DISTRICT SUPERVISOR* DONALD G.O'STEEN, LIEUTENANT *DATE 02/04/2002