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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P93000027970 (1)

MAJIK FOOD STORE, INC.

IMAM, AKHTAR

10140 BOYNTON PLACE CIR

BOYNTON BEACH FL 33437

Principal Place of Bu	ace of Rusiness Mailing Address							
4981 VILMA LN WEST PALM BEACH F		4961 VILMA LN WEST PALM BEACH FL 33417-5327						
			•	3	Date Incorporated or Qualified 04/15/1993		ate of Last Report	
2. Principal Place of Business 21		2a. Mailing A	\ddress	4	. FEI Number		Applied For	
		26			65-0404171		Not Applica	
Suite, Apt #, etc		Suite, Apt. #, etc.		5	. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8	. This corporation has liability for i	ntangible	tax under s. 199.032	

84 City 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.

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Name

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•	The state of the s							
SIGNATURE	VATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE On the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TOLE	P DEL	LETE	1.1 TITLE	Change Addition				
NAME	IMAM, AKHTAR		1.2 NAME					
STREET ADDRESS	10140 BOYNTON PLACE CIR		1.3 STREET ADDRESS					
CITY+\$T-769	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP					
THTLE	DEI	LETE	2.1 TITLE	Change Addition				
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-SI-ZiP			2.4 CITY-ST-ZIP					
TIFLE	□ DE	LETE	31 TITLE	Change Addition				
NAME:			32 NAME					
STREET ADDRESS		1	3.3 STREET ADDRESS					
City-St-ZP			3 4. CITY-ST-ZIP					
1:TLE	☐ DE	LETE	4.1 THLE	☐ Change ☐ Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY- S1 - ZIP			4.4 CITY-ST-ZIP					
1HLE	□ DEI	LETE	5.1 TITLE	☐ Change ☐ Addition				
NAME			5.2 NAME					
\$1REEL ADDRESS		l l	5.3 STREET ADDRESS					
CITY-ST-7IP			5.4 CITY - ST - ZIP					
TITLE	DE	LETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET ADDRESS					
City-St-ZiP			6.4 CITY-ST-ZIP					

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

FILED

May 15 1997 8:00am

Secretary of State

Yes No

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees