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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018628 (5)

P & S CENTRAL SHELL & DELI, INC.

FILED
Feb 18 1997 8:00am
Secretary of State

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		V			AANAN KURAH ABAR BUJUB IYARA JOH 1084
Principal Place of Business Mailing Address			E EBBlicken, ein reint Gebit matit dette dertt anner tinde seine diste bider tert somt		
5756 CENTRAL ST. PETERSBU		5756 CENTRAL AVE. ST. PETERSBURG FL 33707	7-1719		
				3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 06/13/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3215847	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	ilstered Agent
	ordeh, reza		81 Name		
	6 CENTRAL AVENUE		82 Street Add	iress (P.O. Box Number is Not Acceptable	ie)
\$ T.	PETERSBURG FL 33707		83		<u> </u>
			84 City		FL 85 Zip Code
SIGNATURE	Agrical reproduction of registering		e: Registered Agent signature requ	poration submits this statement for the pration's board of directors. I hereby acception with the provided when renstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PVP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	AFSORDEH, REZA	LJ beer te	1.2 NAME		CT crawler CT vigariou
STREET ADDRESS	5756 CENTRAL AVE		1,3 STREET ADDRESS		
CITY-ST-ZiF	ST PETERSBURG FL		1.4 CITY - ST - ZIP		
MILE		☐ DELETÉ	2.1 TITLE		Change Addition
NAME			22 NAME		- •
STREET ADORESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			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-SI-ZIP	<u> </u>		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		
STREFT ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP			6.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
44				His Continue (10 07(0)(i) Florido Ctot to-	I december a prelification also

6. I do 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 on a mattachment with an address.

SIGNATURE

NATURE AND VESTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayti

Date:

Daytime Phone #