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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthame

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$55508

(3)

SHOP AND SAVE FOOD MART, INC.

**FILED** 

May 19 1997 8:00am

Secretary of State

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Principal Place of Business Mailing Address						e tentinin ini nijal dilli filli filli filli	. 81841 61911 6		1841 81314 4881				
				428 INVERRARY BLVD AUDERHILL FL 33319-4102									
										3. Date Incorporated or Qualified 05/29/1991		le of Las )1/199(	
2.	Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number			Applied For	
21					26				65-0266614			Not Applicable	
	Suite, Apt.	Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Add			5 Additional	
22		27							C. Commond of Child's Boomed		Fee	Required	
	City & State	е	City & State						6. Election Campaign Financing			0 May Be	
23	Zip		Country		28			Trust Fund Contribution			d to Fees		
	zip			· · · · · · · ·	Zip Country				poration has liability for intangible tax under s. 199.032 tatutes \tag Yes \tag \tag No				
24		9 Name	25 and Address of Cu	29 rrent Regist	Ared Agent	30	<del></del> :			Florida Statutes  10. Name and Address of New Re		Maria Maria Maria Maria	
	KUN		CHAITRAM	, ion, inogra	orda Agont		81	ΓN	lame	10. Hamb and Padross of New York	gistoreu	your	. –,
ı		21 N.W. 18						<u> </u>					
		VRISE FL 3					82	8	treet Addre	ess (P.O. Box Number is Not Accepta	ole)		
	1 001	WINDE I L D	3322				83	<del> </del>					
	•												
	•						84	C	ity		FL	<b>85</b> Zi	ip Code
11	. Purs⊎ant l	to the provis	ions of Sections 607.	0502 and 60	17.1508 Florida St	alutes, the		L e-na	amed corpo	oration submits this statement for the		changing	n its registered
	office or r	ogistered ag	ent, or both, in the S ith, and accept the o	tate of Florid	a. Such change w	as authoriz	ed by	y 1h	e corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appo	ointment	as registered
	•	iii jairiillai w	ш, апо ассері те о	ongadons or,	3ection 607.0303	, monda <b>s</b> u	atutes	S.					
SI	GNATURE	Signature, typed	or printed name of registers	d agent and title li	f applicable	(NOTE Bogister	eo Aoe	ent s-	onature require	ed when reinstating)	DATE		
12				AND DIREC		13.		•		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
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NA	ME		hari, Chaitram			1.2	NAME						
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ÇI	Y-ST-ZIP	PLANTA1	NON FL			1.4	CITY-S	ST - 70	Р				
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NA	ME		HARI, INDIRA			2.2	NAME						
\$TI	REET ADDRESS		.W. 18 DR			2.3	STREET	ADD	RESS		ı		
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NA	ME					3.2	NAME				1		
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711	•				☐ DELETE		ITLE		1			∐ Chang	e 🔲 Addition
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14. 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 as attachment with an address.													