

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90080 018 ***150.00

DOCUMENT # L86844

1. Corporation Name

1 STOP FOOD MART INCORPORATED

Principal Place of Business

240 U.S. 1
JUNO BCH FL 33408
US

Mailing Address

401 LAKE AVE.
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1990

4. FEI Number

65-0209608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PATEL, NAYAN
401 LAKE AVE.
LAKE WORTH FL 33460

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PATEL, NAYAN
STREET ADDRESS 35 BUXTON LANE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME PATEL, YOGESH
STREET ADDRESS 5766 TURNWOOD CT.
CITY-ST-ZIP JUPITER FL

TITLE D ☐ DELETE

NAME PATEL, RAJESH
STREET ADDRESS 49848 COOKE
CITY-ST-ZIP PLYMOUTH MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S ☒ Change ☐ Addition

1.2 NAME PATEL, NAYAN
1.3 STREET ADDRESS 35 BUXTON LN
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33462

2.1 TITLE D/T ☒ Change ☐ Addition

2.2 NAME PATEL, YOGESH
2.3 STREET ADDRESS 5766 TURNWOOD CT
2.4 CITY-ST-ZIP JUPITER, FL 33458

3.1 TITLE D/P ☒ Change ☐ Addition

3.2 NAME PATEL, RAJESH
3.3 STREET ADDRESS 49848 COOKE
3.4 CITY-ST-ZIP PLYMOUTH, MI 48170

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME PATEL, BAKUL
4.3 STREET ADDRESS 373 NW MEJESTIC
4.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #

2/8/99 (561) 343-8004

CR2E034 (11/98)

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