

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 549287 (1)

1. Corporation Name
MR. CONVENIENCE FOOD STORE, INC.

Principal Place of Business 507 MARY ESTHER CUT OFF FORT WALTON BEACH FL 32548-4024	Mailing Address 507 MARY ESTHER CUT OFF FORT WALTON BEACH FL 32548-4024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/17/1977		4. FEI Number 59-1772022		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ABRAHAMSEN, FRANK W. 507 MARY ESTHER CUT OFF FORT WALTON BCH FL 32548				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			
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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

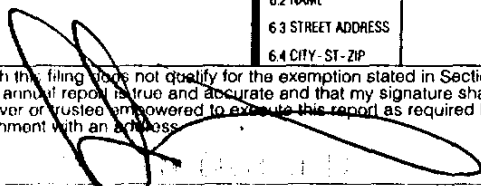
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	DELETE		1.1 TITLE	Change	Addition	
NAME	ABRAHAMSEN, FRANK W.			1.2 NAME			
STREET ADDRESS	507 MARY ESTHER CUTOFF			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BCH. FL			1.4 CITY-ST-ZIP			
TITLE	ST	DELETE		2.1 TITLE	Change	Addition	
NAME	ABRAHAMSEN, FRANK W JR.			2.2 NAME			
STREET ADDRESS	507 MECO			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE	Change	Addition	
NAME	ABRAHAMSEN, PATRICIA			3.2 NAME			
STREET ADDRESS	507 MARY ESTHER CUTOFF			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BCH FL			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:



4/29/98 850-6647590

CR2E034 (10/97)