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

PROFIT Feb 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 680003 (1)FOOD QWIK, INC. Principal Place of Business Mailing Address 12789 A FOREST HILL 12789 A FOREST HILL WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2088804 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARROLL, FRANK 11410 PINE VALLEY DR. Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 84 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition CARROLL, FRANK NAME 1.2 NAME 11410 PINE VALLEY DR. STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ... Addition CARROLL, IBTIHAL F. 2.2 NAME 11410 PINE VALLEY DR. STREET ADDRESS 2 3 STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change __ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TATLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE 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 supplimental 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 of the rociover of fugity 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.

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