

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G70668** (0)  
1. Corporation Name  
**SEIKEN FOOD STORES, INC.**



Principal Place of Business  
684 ANDOVER CIR  
WINTER SPRINGS FL 32708  
US

Mailing Address  
127 E. ZARAGOZA ST #104  
PENSACOLA FL 32501  
US

3. Date Incorporated or Qualified <b>11/18/1983</b>		3a. Date of Last Report <b>03/28/1995</b>	
4. FEI Number <b>59-1363407</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address	
<b>21</b>		<b>25</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

BROWN, R. PIERRE  
127 EAST ZARAGOZA STREET  
PENSACOLA FL 32589

**10. Name and Address of New Registered Agent**

81	Name	LEONARD, SEIKEN		
82	Street Address (P.O. Box Number is Not Acceptable)	684 ANDOVER CIR		
83				
84	City	WINTER SPRINGS	FL	85 Zip Code 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 is 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 607.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-insulating)

...

12 OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SEIKEN, LEONARD	
STREET ADDRESS	684 ANDOVER CIR	
CITY - ST - ZIP	WINTER SPRINGS FL	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY, ST., ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/30/96 366-6985

CR2E034 (12/95)