

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # H63427 (9)
1. Corporation Name
ALBANY FOOD STORE, INC.

2. Principal Place of Business		2a. Mailing Address	
21		26	5122 CHATSWORTH AVE
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
City & State		City & State	
23		28	TAMPA FL
	Zip		Zip
24		29	33625
	Country	30	
25			

3. Date Incorporated or Qualified 06/24/1985	
4. FEI Number 59-2697359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ESPIRITOSA, CANDELARIO 8009 DOBBLER PLACE TAMPA FL 33615	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

ess (P.O. Box Number is Not Acceptable)

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 Landis Lopez DATE 4-15-98
Signature (Typed or printed name of registered agent and firm, if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13.
TITLE	P ESPINOZA, CANDELARIO 1055 W CASS ST TAMPA FL	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY - ST - ZIP		1.4 CITY - ST - ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

[illegible]

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.

CR2E034 (10/97)