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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H63427

(9)

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business 800 COBBLER PLACE TAMPA R. 38815 2. Principal Place of Business 2. Single April File Company Place of Business 3. Mailing Address 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Date Proposed or Qualified (824/1985) 4. File Company Place of Qualified (824/1985) 5. Single April File Company Place of Business 5. Confidence of Season Service Address 6. Confidence of Season Service Address 7. Single April File Company Planescop 8. Confidence of Season Service Address 8. Confidence of Season Service Address of Confidence Address 8. Confidence of Season Service Address of Confidence Address 8. Confidence of Season Service Address of Confidence Address 8. Confidence of Season Service Address 8. Confi	ALBANY FOOD STORE, INC.				I IRBADII DIKA BIKAR IRIK BIBAR IIBK ARDI ARDI BIBAN ARDI	ANDIN BRANK ANDEN ARBIR ARAN	
BOOL COBBLER PLACE TAMPA R. 30915 DO NOT WRITE IN THIS SPACE							
TAMPA FL 33815 TAMPA FL 33815 DO NOT WHITE IN THIS SPACE 2. Principal Place of Business 2. Amining Andress 2. Amining Andress 2. Amining Andress 3. Date Incorporated or Qualified 06/24/1985 4. FEI Number Sude, Apt. 4, etc Sude, Apt. 4,			C				
2. Principal Place of Business 2. Making Address 3. Date Incorporated of Dunified 4. FER Number 59-2697359 3. Not Applicable Suite Application 59-2697359 3. Not Applicable Suite Suite Applicable Suite Applicable Suite Suite Applicable Suite Su							
2. PRINCIPAD PRINCE OF BLUSINGS. 2. ANAIlong Andress S. S. G. C.	Train in the door of		17.mi 11 (& 00010				
2. Meling Address 2. Mel					· •		
SURJO, Apr. F. etc. Surjo, Apr. F. etc.	9 Principal Pi	ace of Business	2a. Mailing Address			Applied For	
Solic, ApJ. #, 40.0 Solic				NA KTUNINI STA	_ ···		
Cliy & State Cliy			Suite, Apt. #, etc.	CHI TANKET LEVEL			
Trust Fund Contribution Added to Fees Ad	22				5. Certificate of Status Desired	Fee Required	
20							
Sepanda Property Tax clue June 30. Personal Property Tax clue Ju	23 Zin	Country		Country			
SPAMOSA, CANDELARIO STANDARIO STANDA		<u>├</u> ¬¬ '			The state of the s		
ESPANDS, CANDELARIO 88 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent. In familiar by in and accept the subplications of Sections 607.0502 and 607.1508. Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent. In familiar by in and accept the subplications of Sections 607.0502 and 607.1508. Florida Statutus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In familiar by in and accept the subplication 607.0503. Florida Statutus, the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar by in an accept the subplication 607.0503. Florida Statutus, the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar by in a familiar by a subplication of General agent. In a familiar by a familiar by a fa	<u> </u>			1001			
B809 GOBBLER PLACE TAMPA FL 30015- 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	ESPINOSA CANDELARIO 81			81 Name			
### PARPA FL 33015 B3				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections C07.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and acyce; the collegations of Sections 607.05.05, Florida Statutes. 12.							
11. Pursuent to the provisions of Socious GOZ 0.002 and GOZ 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agove, 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 agove, 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 agove, 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 agove, or both, in the State of Florida Statutos. SIGNATURE SIGNATURE 12. OF ICC RS AND DIRE CTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 TITLE OF ICC RS AND DIRECTORS IN 12 14 CITY - ST - ZP TAMPA FL OF ICC RS AND DIRECTORS IN 12 14 CITY - ST - ZP TITLE OF ICC RS AND DIRECTORS IN 12 14 CITY - ST - ZP TITLE OF ICC RS AND DIRECTORS IN 12 Addition NAME STREET ADDRESS CITY - ST - ZP TITLE OF ICC RS AND DIRECTORS IN 12 OF ICC RS AND DIRECTORS IN 12 Addition NAME STREET ADDRESS CITY - ST - ZP OF ICC RS AND DIRECTORS IN 12 IT IT IN ICC RS AND DIRECTORS IN 12 IT IT IS AND DIRECTORS IN 12 OF ICC RS AND DIRECTORS IN		:		83			
11. Partuent to the provisions of Sociations COT 0502 and 607, 1508, Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agont. I am familiar visit and account the obligations. Section 607, 6505, Florida Statutios. 12.				84 City		85 Zip Code	
office or registered agost, 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 agost, and accept the obligations by Section 607.0505, Florida Statutios. SIGNATURI 12. OF LICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARTIE DELETE 11 TITLE PARTIE DELETE 11 STREET ADDRESS CITY-ST-2IP TITLE DELETE 2 STRIET ADDRESS CITY-ST-2IP TITLE DELETE 3 STREET ADDRESS CITY-ST-2IP TITLE DELETE 3 STREET ADDRESS CITY-ST-2IP DELETE 3 STREET ADDRESS CITY-ST-2IP TITLE DELETE 3 STREET ADDRESS CITY-ST-2IP TITLE DELETE 3 STREET ADDRESS CITY-ST-2IP TITLE ADDRESS CITY-ST-2IP DELETE 4 STREET ADDRESS CITY-ST-2IP TITLE ADDRESS CITY-ST-2IP DELETE 4 STREET ADDRESS CITY-ST-2IP TITLE ADDRESS CITY-ST-2IP DELETE 4 STREET ADDRESS CITY-ST-2IP ADR	44 Purplient to the provisions of Socilory 607 0502 and 607 1508 Florida Statutes the above named corre				austice automite this statement for the number of	changing its registered	
SIGNATURE	office or registered agost, or both, in the State of Florida Statistics, the above-harded corporation's board of directors. I hereby accept the appointment as registered						
12. OF LICE HS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	1 10 1/ 1/1/ 7 1/2						
TITLE	SIGNATURE	Signature, typed or printed mane of registered a	igent and the Papplicable (NOI	t Registered Agent signature requir		-10	
NAME STREET ADDRESS 1955 W CASS ST 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 Change Addition Addi	12	OFFICERS A		13.	ADDITIONS/CHANGES TO OFFICERS AN		
STREET ADDRESS 1955 W CASS ST	TITLE	Ţ	☐ DELETE	11 TITLE		☐ Change ☐ Addition	
TAMPA FL	1 1						
TITLE	1						
NAME		IAMPA FL	DELETE			Change Addition	
STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 27 CITY-ST-ZIP 27 CITY-ST-ZIP 28 CITY-ST-ZIP 29 CITY-ST-ZIP 2	''		btter				
CITY-S1-ZIP	l						
TITLE				2. 4 CITY - ST - ZIP	• •		
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP			DELETE	3.1 TITLE		Change Addition	
STREET ADDRESS STRE	NAME			3.2 NAME			
TITLE	STREET ADDRESS			3.3 STREET ADDRESS			
NAME			DELETE			Change Addition	
STREET ADDRESS	1		□ DELETE			☐ Change ☐ Addition	
CITY-ST-ZIP	1 1						
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CHANGE Change Addition NAME DELETE 6.1 TITLE Change Addition	ł · · · · .						
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME G.1 TITLE NAME G.2 NAME			DELETE			☐ Change ☐ Addition	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE Change Addition 62 NAME	1 1						
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME							
NAME DELETE 6.1 TITLE Change Addition 6.2 NAME				5.4 CITY-ST-ZIP			
1 West Control of the			DELETE	6.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME			
	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	CITY-ST-ZIP	with that the information consulted	with this filing does not qualify.		Section 119 07(3)(i) Florida Statutae Livelbox o	artify that the information	

I bereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 ou an attachment with an address.