

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

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H96325 (6)**

1. Corporation Name  
**S.O.S. GROCER, INC.**



Principal Place of Business 1952 N.E. 49TH ST. POMPANO BEACH FL 33064	Mailing Address 1952 N.E. 49TH ST. POMPANO BEACH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1952 NE 49ST	26 P.O. Box 51487
22 Suite, Apt. #, etc.	27 L
23 City & State	28 City & State
Pomp Bch	Light house PT
24 Zip	29 Zip
33064	33074
25 Country	30 Country
Broward	Broward

3. Date Incorporated or Qualified	4. FEI Number	Applied For
01/27/1986	59-2636576	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**KHOJA, SHABBIR**  
 1952 NE 49TH STREET  
 POMPANO BEACH FL 33064

**SALEEM GHANCHI**  
 1952 NE 49ST  
 POMP Bch, FL  
 33064

10. Name and Address of New Registered Agent

81 Name: **SALEEM GHANCHI**

82 Street Address (P.O. Box Number is Not Acceptable): **1952 NE 49ST**

83 City: **POMP Bch, FL**

84 City: **POMP Bch** 85 Zip Code: **33064**

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: *Saleem Ghanchi* DATE: **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SALEEM, GHANCHI</b>	
STREET ADDRESS	<b>1952 NE 49TH ST.</b>	
CITY-ST-ZIP	<b>POMPANO Bch. FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>KHOJA, SHABBIR</del>	
STREET ADDRESS	<b>1952 NE 49ST</b>	
CITY-ST-ZIP	<b>POMPANO Bch FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SALEEM GHANCHI</b>	
STREET ADDRESS	<b>5205 N.E. 20th Lane</b>	
CITY-ST-ZIP	<b>POMP Bch FL 33064</b>	
TITLE		<input type="checkbox"/> DELETE
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V.P ASLAM GHANCHI</b>
2.3 STREET ADDRESS	<b>5205 NE 20th Lane</b>
2.4 CITY-ST-ZIP	<b>POMP Bch FL 33064</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Saleem Ghanchi* DATE: **4/27/98 (954) 427-7760**

CR2E034 (10/97)