

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L10680** (1)
1. Corporation Name
CORNER STORE CORPORATION OF DELRAY BEACH



Principal Place of Business
**15061 CARTER ROAD
DELRAY BEACH FL 33446**

Mailing Address
**15061 CARTER ROAD
DELRAY BEACH FL 33446**

3. Date Incorporated or Qualified 06/21/1989	3a. Date of Last Report 04/10/1995
4. FEI Number 65-0292388	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MOMEN, AFM NURUL
15061 CARTER ROAD
DELRAY BEACH FL 33446**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of corporation or authorized officer or director

Signature of Registered Agent or person to whom registered

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSD	1. TITLE	☐ Change ☐ Addition
2. NAME	MOMEN, AFM NURUL	2. NAME	
3. STREET ADDRESS	15061 CARTER ROAD	3. STREET ADDRESS	
4. CITY, ST, ZIP	DELRAY BEACH FL 33446	4. CITY, ST, ZIP	
5. TITLE	V	5. TITLE	☐ Change ☐ Addition
6. NAME	CHOWDHURY, ISBAL G	6. NAME	
7. STREET ADDRESS	15061 CARTER ROAD	7. STREET ADDRESS	
8. CITY, ST, ZIP	DELRAY BEACH FL 33446	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☒ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

**TD
MOHAMMED EKRAMUL ISLAM
15061 CARTER RD.
DELRAY BEACH FL 33446**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ME. Islam

02-08-96

Doc

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