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PROFIT CORPORATION ANNUAL REPORT

**1998** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28092

(9)

FILED
May 14 1998 8:00am
Secretary of State

Principal Pla	S CONVENIENCE STORES	Mailing Address  Section Section FL 32693  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 11/03/1989  28. Mailing Address 4. FEI Number 59-2976539				
5800 WEST SR 26 TRENTON FL 32883				DO NOT WRITE IN THIS SPACE		
					1 · · · · · · · · · · · · · · · · · · ·	
2. Principal	Place of Business	2a. Mailing Address				Applied Fo
21						<del></del>
Sulte, Apt. #, etc			Suite, Apt. #, etc.			
22		· · · <del> </del> • · · · · ·			9, Certificate of Status Desired	Fee Required
City & Sta	ato	h 1			1	
Zip	Country		Countr		<del> </del>	
24	25	}η	ı	у		
<u>•71</u>	9. Name and Address of Curr		1001			
D	OSHI, PARESH A.		81	Name		
	800 WEST SR 26		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
П	RENTON FL 32693					
			83			
			84	City		85 Zip Code
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office or	r registered agent, or both, in the Sta	te of Horida. Such ch <b>ange wa</b> s	authorized b	y the corpora	tion's board of directors. I hereby accept the	appointment as registere
agent. I	am familiar with, and accept the obl	igations of, Section 607.0505, I	Torida Statute	s.		
SIGNATURE	Signature, Typod or prioted name of registered a	igest and to if applicable (NC	OTE Registered Ac	ent signature requ	red when reinstalling) DA1	
12.		····			· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Add
NAME	DOSHI, PARESH A.		1.2 NAME	Ì		
STREET ADDRESS						
CITY-ST-ZIP	CROSS CITY FL	I nei tre		ST-ZIP		Change Add
NAME	KAKAD, YOGENDRA P.	C' pricit				Change Chang
STREET ADDRESS	4444 AA4TROIDAF 141			LANDRESS		
CITY-ST-ZIP	CHARLOTTE NC		•	ſ	•	
TITLE	D	DELETE		01 211		Change Add
NAME	DAVE, N.B.		3.2 NAME			
STREET ADORESS			3 3 STREE	r address		
CITY-ST-ZIP	TAMPA FL	····-	3 <b>4</b> . C(TY-	ST-ZIP		
TITLE		☐ DELETE	4 1 THLE			Change L Add
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NAME		ר"ז מנכנונ	5.2 NAME			□ orion@s □ X00
STREET ADDRESS	;			1 ADDRESS		
CITY-ST-ZIP			5.4 CITY - 1			
TITLE		DELETE	6.1 TITLE			Change Add
NAME			6.2 NAME			
STREET ADDRESS	3	_	6.3 STREE	1 ADDRESS		
CITY-ST-ZIP	<u> </u>	()	6.4 CITY- S			
indicate officer o	d on this annual report or supplemen	ital annual report is true and ac ceive⊱or truinee empowered to	ccurate and th	iat my signatu	Section 119.07(3)(i), Florida Statutes. I furthe ire shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	s under oath; that I am ar