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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
O FOOD MART, INC.

DOCUMENT # M83841 (0)

Mailing Address
2902 W. COLUMBUS DR.
TAMPA FL 33607

Principal Place of Business
2902 W COLUMBUS DR
TAMPA FL 33607
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1988
3a. Date of Last Report: 04/26/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2894887 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL YOGESH
5766 TURNWOOD CT
APT 137
JUPITER FL 33458

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 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D	
12 NAME	PATEL YOGESH	
13 STREET ADDRESS	5766 TURNWOOD CT	
14 CITY-ST-ZIP	JUPITER FL	
21 TITLE	D/P	
22 NAME	PATEL RAJESH	
23 STREET ADDRESS	6900 WOONSOCKET	
24 CITY-ST-ZIP	CANTON MU	
31 TITLE	D	
32 NAME	PATEL NAYAN	
33 STREET ADDRESS	35 BUXTON LANE	
34 CITY-ST-ZIP	BOYNTON BCH FL	
41 TITLE	D	
42 NAME	PATEL NILESH	
43 STREET ADDRESS	142 PINE WOOD CT.	
44 CITY-ST-ZIP	JUPITER, FL 334-58	
51 TITLE	D	
52 NAME	PATEL SONAL	
53 STREET ADDRESS	3814 W. EUCLID AVE # 52	
54 CITY-ST-ZIP	TAMPA, FL 33607	
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yogesh Patel 7/24/94 (813) 481-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #