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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

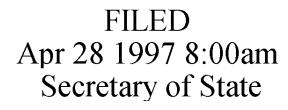
DOCUMENT # M99137

(5)

BYERS PANTRY, INC.

Principal Place of Business

Mailing Address





1485 NE 125 ST BLOG BN B N. MIAMI BÉACH FL 33162 US		SAUNDRA SERVICES, INC. 633 N.E. 167TH STREET, SUITE 810 N. MIAMI BEACH FL 33162-2456		3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1988 04/11/1996				
2. Principal Place of Business 21		2a. Mailing Address 26 40 A.T.C.I.		4. FEI Number 65-0074071		Applied For Not Applicable		
Suffe, Apt. #, etc.		Suite, Apt. #, etc. 27 99 N.W 183 ST. Stell		Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	^{Zip} 33/69 3	29 33/69 30 05			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent		
	RS, MARY E		61	Name				
1600 NE 114TH ST #307 N. MIAMI FL 33181			82	2 Street Addre	iss (P.O. Box Number is Not Acceptab	le)		
			83	3				
		•	84	City		FL 85	Zip Code	
11. Pursuant t office or re agent. I as	o the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	, the above thorized b da Statute	ve-named corpo by the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changi of the appointmen	ing its registered nt as registered	
SIGNATURE	Signature, typed or printed name of registered age	oracid tyle if any local do (NOTE: F	Ranislered At	gent signature require:	d when rejustation	DATÉ		
12.	OFFICERS AND		1 3.	ge i significate requirer	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	DP	DELETE	1.1 T11LE 1.2 NAME			Cha	nge Addition	
NAME	BYERS, MARY E.							
STREET ADDRESS	1600 NE 114TH ST.,#307		1.3 STREE	E1 ADDRESS				
CITY-ST-ZIP	N MIAMI FL			ST-ZIP		T or		
TITLE	VS	☐ DELETE	2.1 THLE			∐ Cha	inge Addition	
NAME	Byers, Byron 14899 Ne 18th Ave.		2.2 NAME					
STREET ADDRESS CITY-ST-ZIP	N MIAMI FL		2.3 STREE	ET ADDRESS				
TITLE	14 dilesim 1 E	DELETE 3.1 TI				☐ Cha	inge Addition	
NAME	BYERS, CONSTANCE E.		3.2 NAME	· '	•			
STREET ADDRESS	1600 NE 114TH ST. #307		3 3 STREE	ET ADDRESS	•			
CITY-ST-ZIP	N MIAMI FL		3 4. CHY	- S1 - ZIP .		<u>_</u>		
TITLE		☐ DELFTE	4.1 TITLE	} ,		☐ Cha	inge Addition	
NAME			4 2 NAM	}	*			
STREET ADDRESS				ET ADDRESS .				
CITY-ST-ZIP		DELETE	4 4 CITY - 5 1 THLF			Cha	ange Addition	
TITLE		□ ptrete	5.2 NAME	1			L. Adollor	
NAME STREET ADDRESS				ET ADORESS	•			
			5.4 CITY-					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			☐ Cha	ange	
NAME		-	6.2 NAME					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
	ay cortifu that the information cumuling	d with this filing doos not qualify			in Section 119 07/3)(i). Florida Statute	e. I further certify	that the	

roo nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.