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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 06 1998 8:00am

Secretary of State

writing that the information

1998

DOCUMENT #

P92000008531 (5)

OWIK FOOD STORES, INC.

Block 12 or Block 13 il changed, or on an app

Mailing Address Principal Place of Business 9806 MAKO COURT 9806 MAKO CT TAMPA FL 33615 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1992 2, Principal Place of Business 2a, Mailing Address Applied For 59-3151448 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Namo CHAUDHRY, OMAR T 9806 MAKO CT Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33615 83 11. Pursuant to the provisions of Sections 607.05:02 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 (NOTE Registered Agent's gnature required when reinstating) Signature, typicd or printed minic of registered agent and fille it appearable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 1 TLE DIRECTOR TITLE CHAUDHRY 12 NAME MOHAMMAD CHAUDHRY, OMAR T NAME TARIA MAICO 9806 9806 MAKO CT 1.3 STREET ADDRESS STREET ADDRESS 331615 **TAMPA FL 33615** 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME CHAUDHRY, IQBAL 7911 SHOREBLUFF CT 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33637** CITY-ST-ZIP 2 4 CHY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHY - ST - ZIF Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE TITLE **50000251797**5 -05/11/98--01013--023 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-ST-ZIP 5 4 CITY - ST - ZIP Addition DELETE **6.1 TITLE** TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further exhibit that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an appear of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in