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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P9200014262 (9) DOCUMENT #

1. Corporation Name MID EAST SHOP N' GO, INC. Principal Place of Business 36203 US HIGHWAY 19 N PALM HARBOR FL 34684 Mailing Address 36203 US HIGHWAY 19 N PALM HARBOR FL 34684						•							
								-	3. Date Incorporated or Qualified 12/28/1992		te of Last R 05/01/19		
Principal Place of Business			2a. Mailing Address					4, FEI Number			Applied For		
1				26					59-3161305			Not Applicable \$8.75 Additional	
= Suite. Apt. ≢ ∏	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State				City & State					6. Election Campaign Financing	<u> </u>	\$5.0	0 May Be	
3			28						Trust Fund Contribution			d to Fees	
_ Zip		Country		ľφ	F1	ıntry			8. This corporation has liability for Florida Statutes Yes	intangible No	tax under s	199.032,	
4	o Name	25 and Address of Curren	29 t Registe	red Agent	30	Т			10. Name and Address of New F		d Agent		
,	y, Hame	and Address of Carren	it i logisto	Tou rigonic		81	Name						
AKVAN.	GHOLAM	ALI				82	Street Ari	dress (P.O. Box Number is Not Acceptable)					
36203 L	US HIGHW	/AY 19 N				83				· · · · · · · · · · · · · · · · · · ·			
PALM H	iarbor f	L 34684											
						84 City				F	85 Zi	p Code	
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SIGNATURE _		ept this obligations of, Section or piniod name of registered agent OFFICERS AN	ion 607.06	505, Florida Statu plicabili ORS	(NOTE Registerer			oured wh	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE	ND DIRECTO	DRS IN 12	
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I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furner 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. 4-29-96 789-3683

ANOTHER OF SIGNING OFFICER OF DIRECTOR SIGNATURE: _______ SIGNATURE and TYPED OR PRINTED NAME