

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014639 (8)

1. Corporation Name

KAVIN CORPORATION



Principal Place of Business

Mailing Address

DBA FAMILY SEVEN GROCERY
TAMARAC FL 33309
US

1503 WEST PROSPECT RD.
TAMARAC FL 33309

2. Principal Place of Business

2a. Mailing Address

21 1503 - NW Prospect Rd
Suite, Apt. #, etc.

26 1503 - NW Prospect Rd
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tamarac FL

28 Tamarac - FL

24 FL-33309 Country

29 33309 Country

9. Name and Address of Current Registered Agent

THOMAS, CLARK M
1503 PROSPECT ROAD
SUITE 820
TAMARAC FL 33309

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
01/24/1995

4. FEI Number
65-0381214

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

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

10. Name and Address of New Registered Agent

81 Name

N/A

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, 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

1-16-96

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME PATEL, MUKESH,
STREET ADDRESS 1503 PROSPECT ROAD WEST
CITY-ST-ZIP TAMARAC FL

TITLE C
NAME CLARK, THOMAS
STREET ADDRESS 1503 W PROSPECT RD.
CITY-ST-ZIP TAMARAC FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-16-96

954-493-8280

CR2E034 (12/95)