

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000023780 (8)**  
 1. Corporation Name  
**CHAND'S WEST INDIAN GROCERY, INC.**



Principal Place of Business: **2623 B PINE HILLS RD. ORLANDO FL 32806**  
 Mailing Address: **2623 B PINE HILLS RD. ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

|   |                     |                     |                     |   |  |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business  |                     | 2a. Mailing Address |                     | 3. Date incorporated or Qualified                     |  |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 03/26/1993  |  |
| 22  | City & State        | 27                  | City & State        | 4. FEI Number   |  |
| 23  | Zip                 | 28                  | Zip                 | 59-3187940  |  |
| 24  | Country             | 29                  | Country             | Applied For   |  |
|   |                     | 30                  |                     | Not Applicable  |  |
| 9. Name and Address of Current Registered Agent   |                     |                     |                     | 5. Certificate of Status Desired                      |  |
| CHAND, CLATION<br>2623 B. PINEHILLS RD.<br>ORLANDO FL 32808   |                     |                     |                     | 81 Name   |  |
|   |                     |                     |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|   |                     |                     |                     | 83  |  |
|   |                     |                     |                     | 84 City   |  |
|   |                     |                     |                     | 85 Zip Code   |  |
|   |                     |                     |                     | FL  |  |
|   |                     |                     |                     | 10. Name and Address of New Registered Agent          |  |
| 11. Pursuant to the provisions of Sections 607.0602 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. |                     |                     |                     |   |  |

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> DELETE |
| NAME           | CHAND, CLATION       |                                 |
| STREET ADDRESS | 2623 B PINEHILLS RD. |                                 |
| CITY-ST-ZIP    | ORLANDO FL           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clation Chand* 3-25-98

CR2E034 (10/97)