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 # P93000029561 (6)

K & A GROCERY AND DELI, INC.

Principal Place of Business Mailing Address								i thuitibe ist intan iint abiit natit da	111 WW 11 W 11 W	in ikimi mistik misik)+ 11 01 100 1
1815 W WATERS AVE TAMPA FL 33604				1815 W WATERS AVE TAMPA FL 33804-1003							
								3. Date Incorporated or Qualified 04/20/1993		Date of Last R 1/23/1996	eport
,	lace of Business		2a.	Mailing Address				4. FEI Number		Aŗ	oplied For
21			26					59-3177203		No	ot Applicable
Suite, Apt.	#, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State				City & State							equired
23			20	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			1201	Zip Coun				8. This corporation has liability for intangible tax under s. 199 032,			
24	25		29	29 30			Florida Statutes		. 700:002,		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				l Agent	
ZAC	CUR, RICHARD	A				81	Name				
5200 CENTRAL AVENUE ST. PETERSBURG FL 33733						82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
						83					
						64	City		FI	85 Zip (Code
11. Pursuant office or r	to the provisions egistered agent,	of Sections 607 (or both, in the St	0502 and 60 ate of Florid	17.1508, Florida Statu la Such change was	ites, the a	bovi d by	e-named corp y the corporat	poration submits this statement for the ion's board of directors. I hereby according to the control of the cont	purpose	of changing it	ls registered registered
	mitanihar war, e	ита ассеря тие от	inganons or.	, Section 607.0305, F	TOTOR SE	unie:	5.				
SIGNATURE	Signature typed or pro	nied name of registernd	agent and late i	il applicable (NC	ITE Register	ed Age	ent signature requir	ed when reinstating)	DATE		
12.		OFFICERS /	AND DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D			☐ DELETE	111	ITLE	ļ			∭ Change	Addition
NAME	KHAN, RIAZ				1.2 h	IAME	İ				
STREET ADDRESS	3100 AVENU	-			1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAY	ÆN FL		- I of the			ST-ZIP				1 4 4 100
TITLE	D AUNKED A ÉI	4		☐ DELETE	217		}			L Change	☐ Addition
NAME ATOREST ADDOSES	AHMED, ASI 3100 AVENU				F	IAME	***************************************				ļ
STREET ADDRESS CITY - ST - ZIP	WINTER HAY				- 1		ADDRESS ST-ZIP				
TITLE				DELETE	311		SI-KIF			Change	Addition
NAME					3.21						
STREET ADDRESS					II.		ADDRESS				}
CHTY - ST - ZIF					3.4.	CITY -:	ST-ZIP				
THTLE				DELETE	4.1]	ITLE				Change	Addition
NAME					4.2	NAME					
STREET ADDRESS					4.3 9	TREET	ADDRESS				
CITY-ST-ZIP					4.4 (HY-S	T-ZIP				
TITLE				☐ DELETE	511	TLE				☐ Change	Addition
NAME					521	AME]				
STREET ADDRESS					538	TREET	ADDRESS				ļ
CITY+S1-ZIP					540	CITY-S	ST-ZIP				
TITLE				☐ DELETE	611	ITLE				Change	Addition
NAME					6.2 N	AME				*	
STREET ADDRESS					6.3 9	TREET	ADDRESS				ļ

14. I do 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 is frue 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

6.4 CITY - ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

77 (813) 933-382

FILED

Jan 21 1997 8:00am

Secretary of State

- CONTRACTOR CONTRACTOR CONTRACTOR OF CONTRACTOR CONTRA