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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029561 (6)

FILED Feb 10 1998 8:00am Secretary of State

K & A GROCERY AND DELI, INC.	
	<u> </u>
Principal Place of Business Mailing Address	/ /
1815 W WATERS AVE 1815 W WATERS AVE	
TAMPA FL 33604 TAMPA FL 33604	
DO NOT WRITE IN THIS	SPACE
3. Date Incorporated or Qualified	·
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-3177203	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the cu	
24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered	Yes No
	Agont
ZACUR, HICHARD A	
5200 CENTRAL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33733	
83	
	10-1-70-0
B4 City F1	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 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 ap	of changing its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as registered
SIGNATURE	
Signifiane typed or printed remaind registered agreed and little of a prevailable (NOTE: Registered Agent signature required when reinstalling) DATE	1
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE DELETE 1.1 TITLE	D DIRECTORS IN 12
	Custific C vocation (
NAME KHAN, RIAZ STREET ADDRESS 3100 AVENUE T, N.W. 1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 1.4 CITY-ST-ZIP	
TITLE DELETE 21 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	j
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	ļ
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 34.CITY-ST-ZIP	
THILE L DELETE 41 THILE	Change Addition
NAME 4.2 NAME	'
STREET ADDRESS 43 STREET ADDRESS	
CITY-S1-2IP	Change Addition
NAME 5.2 NAME	FT CHOOLING FT MODITION
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-SI-ZIP	

14. Thereby 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 priport or suppliemental 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 deporation 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 divinged, or the anattachment with an address.

SIGNATURE:

213158

(813/937-3820.