


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

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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>																																				
DOCUMENT # P93000036171 (5) 1. Corporation Name MORAR ENTERPRISES INC.																																						
Principal Place of Business % KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR FL 34683		Mailing Address % KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR FL 34683-4432																																				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																				
9. Name and Address of Current Registered Agent PATEL, NANOOBHAI D 2001 ORANGESIDE RD PALM HARBOR FL 34683		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ <small>(NOT: Registered Agent signature required when reinstating)</small>																																						
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 5%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 35%;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td></td> <td>D PATEL, NANOOBHAI D</td> <td>2001 ORANGESIDE RD</td> <td>PALM HARBOR FL 34683</td> <td></td> </tr> <tr> <td></td> <td>D PATEL, INDIRABEN N</td> <td>2001 ORANGESIDE RD</td> <td>PALM HARBOR FL 34683</td> <td></td> </tr> <tr> <td></td> <td>D PATEL, MEHUL</td> <td>2001 ORANGESIDE RD</td> <td>PALM HARBOR G FL 34683</td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE		D PATEL, NANOOBHAI D	2001 ORANGESIDE RD	PALM HARBOR FL 34683			D PATEL, INDIRABEN N	2001 ORANGESIDE RD	PALM HARBOR FL 34683			D PATEL, MEHUL	2001 ORANGESIDE RD	PALM HARBOR G FL 34683																
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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 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: _____ <i>md Patel</i> 3.17.97 813.784-2321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						



CR2E034 (9/96)