


Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT</b> <b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000037856 (0)**  
 1. Corporation Name  
**SPEEDWAY GROCERY, INC.**

Principal Place of Business <b>252 SOUTH MILITARY TRAIL</b> <b>WEST PALM BEACH FL 33415</b>	Mailing Address <b>252 SOUTH MILITARY TRAIL</b> <b>WEST PALM BEACH FL 33415-3135</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>
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**3. Name and Address of Current Registered Agent**

<b>ABDELFATAH, NAIM</b> <b>252 S MILITARY TR</b> <b>WEST PALM BEACH FL 33415</b>	<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
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**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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. (NOTE: Registered Agent signature required.)

12. OFFICERS AND DIRECTORS		13.	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE <b>ABDELFATAH, NAIM</b> <b>252 SOUTH MILITARY TRAIL</b> <b>WEST PALM BEACH FL 33415</b>	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated 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