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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS CITY - ST- ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000042633 (6)

C AND B FOOD STORE, INC.

Mailing Address Principal Place of Business 200 S. TAMIAMI TRAIL 200 S. TAMIAMI TRAIL **VENICE FL 34285-2419** VENICE FL 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 06/10/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0417076 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Zφ Country 🔀 Yes 🔲 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NI A PATEL, BHUPENDRA P 431 AIRPORT AVE. Street Address (P.O. Box Number is Not Acceptable) 82 #205 83 VENICE FL 34285 84 City 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. egistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition DELETE 1.1 TITLE Change THE PATEL, LALIT 1.2 NAME NAME NIA 4521 CHIMMEY CREEK DRIVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 1.4 CITY-ST-ZIP CITY - \$1 - ZIP Addition Change DELETE 2.1 TITLE THLE PATEL, BHUPENDRA 2.2 NAME 431 AIRPORT AVE. #205 2.3 STREET ADDRESS STREET ADDRESS **VENICE FL 34285** 2. 4 CITY - ST - ZIP CITY - \$1 - ZIP Change Addition □ DELETE 31 TILLE TRUE 3.2 NAME NAM 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP COY-ST 20 Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-70 Change Addition DELETE 5.1 TITLE THUE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ACCORESS 5.4 CITY-ST-ZIP City-St-7P DELETE Change Addition 61 TITLE THUE

6.2 NAME

6.3 STREET ADDRESS

EACHY-ST-ZIP

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