

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000046100 (2)**

1. Corporation Name

**TONY'S MARKET & MEAT PLACE, INC.**



Principal Place of Business

**4705 N.W. 27 AVENUE  
MIAMI FL 33142**

Mailing Address

**4705 N.W. 27 AVENUE  
MIAMI FL 33142**

2. Principal Place of Business

21 Sub-Office, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Sub-Office, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**SAMMOUR, HANNA  
4705 N.W. 27 AVENUE  
MIAMI FL 33142**

3. Date Incorporated or Qualified

**06/24/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0420705**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1703, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent and Director

Signature of the New Registered Agent (signature required when 801-803)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

**D  
SAMMOUR, HANNA  
4705 NW 27 AVENUE  
MIAMI FL 33142**

DELETE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

12.5 TITLE

**D  
SAMMOUR, HUDA  
4705 NW 27 AVENUE  
MIAMI FL 33142**

DELETE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY-STATE-ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if the agent or an attachment with an address.

SIGNATURE:

*Hanna Sammour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HANNA SAMMOUR 2/12/96 305-633-3293**  
(City) (Signature Print Name)

CR2E034 (12/95)