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

Apr 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000047601 (8) DOCUMENT # RIVER VIEW MINI-MART, INC. Principal Place of Business Mailing Address 1126 RIVERSIDE DR. 1126 RIVERSIDE DR. HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1993 2, Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 21 26 59<u>-31</u>91090 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, RONALD N Name 326 S. GRANDVIEW AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 **B4** City **B**5 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of rugistered agent and title if applicable OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition | TITLE KAYAL, ADNAN J NAME 1.2 NAME 507 LAUREL DR. STREET ADDRESS 1.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITL F KAYAL, PHYLLIS NAME 2.2 NAME 507 LAUREL DR. STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KAYAL, JAWDAT A NAME 3.2 NAME 708 VALLEY STREAM RD. STREET ADDRESS 3.3 STREET ADDRESS CHESAPEAKE VA 23325 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DEL ETE 4.1 TITLE Change Addition KAYAL, HANA 4.2 NAME NAME 427 S. NOVA RD., STE. 154 STREET ADDRESS 4.3 STREET ADDRESS ORMOND BEACH FL 32174 City-St-ZiP 4.4 Crty - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

11-1-98

6.4 CITY - ST - 7IP

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 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.

STREET ADDRESS

CITY-ST-ZIP

FILED