

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sergio J. Murrain
Secretary of State
Tallahassee, Florida 32399-4400

APPROVED
AND
FILED

DOCUMENT # **P93000053077 (2)**

1. Corporation Name
SUNNY FOOD STORE, INC.

MAY - 1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4641 CHERRY ROAD
WEST PALM BEACH FL 33417**

Principal Address
**4641 CHERRY ROAD
WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1993

3a. Date of Last Report
04/29/1994

4. FEI Number
65-0427015

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under Florida Statutes Yes No

2. Principal Place of Business
21. State Apt # etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. State Apt # etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**DEHON, FREDERIC T JR
5606 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418**

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 607.0605 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, Sections 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS:

TITLE	D/P
NAME	ABDO, BASIMA F
STREET ADDRESS	4641 CHERRY ROAD
CITY, ST, ZIP	WEST PALM BEACH FL 33417
TITLE	D/S
NAME	ABDO, SAMIER
STREET ADDRESS	4641 CHERRY RD
CITY, ST, ZIP	WEST PALM BCH FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and checked and qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 in person. That I am an officer or director of this 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 of changed or new additions with an office.

SIGNATURE: *Basima F. Abdo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (407) 841-7109