

**FILE NOW: FILING FEE AFTER MAY 1 IS \$2,000**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000053077 (2)**

1. Corporation Name

**SUNNY FOOD STORE, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip Country

24 25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip Country

29 30

9. Name and Address of Current Registered Agent

**DEHON, FREDERIC T JR  
5606 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418**

31 Name

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

33

34 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office location to the address of the registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation and the registered agent, and the obligations of Section 607.0605, Florida Statutes, are hereby accepted.

I, the undersigned, hereby accept the appointment as registered agent of the above named corporation and submit this statement for the purpose of changing its registered office location to the address of the registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation and the registered agent, and the obligations of Section 607.0605, Florida Statutes, are hereby accepted.

SIGNATURE

Separate signatures of each officer or director are required.

With Regard to the Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D/P  
ABDO, BASIMA F  
4641 CHERRY ROAD  
WEST PALM BEACH FL 33417**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D/S  
ABDO, SAMIER  
4641 CHERRY RD  
WEST PALM BCH FL 33417**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 19.07(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 Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Samir E Abdo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

CR2E034 (12/95)