

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90132 046 \*\*\*150.00

## DOCUMENT # P9300053077

1. Corporation Name

	SUNNY FOOD STORE, INC.						
	Principal Place of Business	Mailing Address					
	1033 SILVER BEAH RD RIVIERA BEACH FL 33404 US	4631 CHERRY RD WEST PALM BEACH FL 33417 US					
	Principal Place of Business     21	2a. Mailing Address					
_	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
-	City & State	City & State					

DO NOT WRITE IN THIS SPACE

						3.	Date Incorporated or Qualifed 07/22/1993	•		
2.	Principal Place of Business	28	. Mailing Address			4,	FEI Number		Applied For	
1	·	26					65-0427015		Not Applicable	
ź	Suite, Apt. #, etc.	- <del>-</del> 27	Suite, Apt. #, etc.			_5,	Certificate of Status Desired	•	. <b>75</b> Additional	
23	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be	
_	Zip Country		Zip Co	untry		8.	This corporation owes the current year	Intangible		
4	25	29	30				Personal Property Tax.	☐ Ye	s □No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DEHON, FREDERIC T JR 5606 PGA BLVD.				81	Name		· ··-			
				82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83				,		
	beyen a debello le gorio			84	City			85	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D/P	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ABDO, BASIMA F		1.2 NAME				1
STREET ADDRESS	4631 CHERRY RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33417		1.4 CITY-ST-ZIP				
TITLE	D/S	DELETE	2.1 TITLE			Change	☐ Addition
NAME	ABDO,SAMIER		2.2 NAME				}
STREET ADDRESS	4631 CHERRY RD		2.3 STREET ADDRESS				1
CITY-ST-ZIP	WEST PALM BCH FL 33417		2.4 CITY-ST-ZIP	· · ·	<u> </u>		
TITLE		DELETE	3.1 TITLE		,	☐ Change	☐ Addition
NAME	•		3.2 NAME				ì
STREET ADDRESS			3.3 STREET ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			•	
CITY-ST-ZIP		779	4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	···		Change	☐ Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREET ADDRESS				ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	Value of the section is a larger to	DELETE	6.1 TITLE			Change	Addition
	(* T)	,	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY-ST-ZIP .		_	6.4 CITY-ST-ZIP				}

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(561) 844-7109