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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000056049 (8)

STOP N SAVE #5, INC.

Principal Place of Business

30 SW 8TH A HALLANDALE US		11193 NW 17TH PLACE TAMARAC FL 33071-6330 US			3. Date Incorporated or Qualified	3a Dat	e of Last Report	
							04/25/1996	
2. Principa:	Place of Business	2a, Mailing Address			4. FEI Number		Applied For	
21		26			65-0456464		Not Applicable	
Suite, Apl. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζ(p)	Country 25	Zip 29	30 Co	untry	8. This corporation has liability for i		ax under s. 199.032,	
9 Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Registered Agent			
MA	HMUD, SHAHEEN			81 Name			· · · · · · · · · · · · · · · · · · ·	
11193 NW 17TH PLACE CORAL SPRINGS FL 33071				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84 City		FL	85 Zip Code	
office or	il to the provisions of Sections 607.0 r registered agent, or both, in the Str am familiar with, and accept the ob	ate of Florida. Such change was	authorize	ed by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of the appo	changing its registered intment as registered	
SIGNATURE	Signature, typed or printed name of registered	event and the transfer (NO	TE Flagister	ed Agent signature requ	ared when reinstating)	DATE		
12.		AND DIRECTORS	13.			ERS AND	DIRECTORS IN 12	
THTLE	□ DP	DELETE	1.1 1	TITLE	En D.P.	ار م	Change Addition	
NAME	MAHMUD, SHAHEEN		1.2 1	NAME	FARUL MAI	MED A	D APT 209-2	
STREET ADDRESS			1.3 9	STREET ADDRESS	655 IVES DAIRY	221	76	
CHY+ST-ZIP	HALLANDALE FL		1.4 (	CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGE	901	//	
TOTLE	DV	DELETE	2.11	LILF	D.V.P. HED TSC	900	12 Change Addition	
NAME	HASAN, MOHAMMAD		221	NAME	MUKS STA	REET	<b></b> -	
STREET ADDRESS				STREET ADDRESS	D.V.PSHED ISL MURSHED ISL 6531 HAYES ST. HOLLYWOOD, F	1-		
CITY-ST-2IF	MIRAMAR FL	December			noc-j , v			
TOLE	SDT MUDGUED ICLAM	DELETE		TITLE		1	Change Addition	
NAME	MURSHED, ISLAM		3.21	NAME				

14. I do 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 roceiver 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.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITL€

62 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY - \$1 - ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

TITLE

NAME

THE NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-51-20P

CITY - ST - 20F

6531 HAYES STREET

NORTH MIAMI BEACH FL

940 NE 170 STREET, APARTMENT 210

HOLLYWOOD FL

FARUK, AHMED

SIGNATURE AND TYPED ON PRINTED NAME OF BIGNIF

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Feb 03 1997 8:00am

Secretary of State