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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300061864

RTK FOOD STORE, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90133 041 ***150.00



FT LAUDERDALE FL 33304		FT LAUDERDALE FL 33304			DO NOT WRITE IN THIS SPACE					
					3.	Date Incorporated or Qualifed				
					1	09/03/1993				
2. Principal Place of Business	2a. Mailing Add	dress			4.	FEI Number		Applied For		
21	26					65-0478871		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt.	#, etc.			5.	Certifcate of Status Desired	v	75 Additional se Required		
City & State	City & State	e			6.	Election Campaign Financing Trust Fund Contribution	• -	.00 May Be ided to Fees		
Zip Country 24 25	Zip 29	Zip Co		This corporation owes the current year Personal Property Tax.		☐ Yes				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			81	Name						
KHALID, RIYAD T SHOP & SAVE #101 909 NE 19TH AVENUE FT LAUDERDALE FL 33304					Street Address (P.O. Box Number is Not Acceptable)					
FI LAUDENDALE PL 33304			84	City		FL	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, and accept the obligations of Section 607.0505. Florida Statutes

agent. I a	m familiar with, and accept the obligations of, Section 607.	.0505, Florida	i Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature re-	quired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	`	13.		CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	KHALID, RIYAD T		1.2 NAME				
STREET ADDRESS	909 NE 19TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		DELETE .	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME		7.	4. 2 NAME	-			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
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 appear with an address, with all other like empowered.

SIGNATURE:

9547645114

CR2E034 (11/98)