

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074539 (6)

1. Corporation Name

WELCOME FOOD STORE, INC.



Principal Place of Business

Mailing Address

7522-D SAVANNA GRANDE AVENUE
WINTER PARK FL 32792

1346 E SEROMAN BLVD
APOPKA FL 32703
US

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1346 E SEROMAN BLVD

26

4. FEI Number

59-3128852

Applied For

Not Applicable

22 Suite, Apt #, etc.

Suite Apt #, etc.

23 APOPKA

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 City & State

City & State

25 FL

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

26 Zip

Country

Zip

Country

27 32703

28

U.S.A.

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, SOHAIL
275 E CENTRAL PKWY
SUITE 1416
ALTAMONTE SPRINGS FL 32701

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KHAN, SOHAIL
STREET ADDRESS 275 E CENTRAL PKWY 1416
CITY - ST - ZIP ALTAMONTE SPRINGS FL

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

TITLE D
NAME KHAN, IRSHAD A
STREET ADDRESS 275 E CENTRAL PKWY 1416
CITY - ST - ZIP ALTAMONTE SPRINGS FL

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (3/96)