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Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000074539 1. Corporation Name WELCOME FOOD STORE, INC.			
Principal Place of Business 1346 E. SEMORAN BLVD. APOPKA FL 32703		Mailing Address 1346 E. SEMORAN BLVD. APOPKA FL 32703	
2. Principal Place of Business 21 APOPKA FL Suite, Apt. #, etc. 22 City & State 23 APOPKA FL Zip 24 32703		2a. Mailing Address 26 1346 E SEMORAN BLVD Suite, Apt. #, etc. 27 City & State 28 APOPKA FL Zip 29 32703	
9. Name and Address of Current Registered Agent SOHAIL KHAN 275 E. CENTRAL PKWY 1416 ALT. SPRINGS FL 32701.		10. Name and Address of New Registered Agent 81 Name SOHAIL KHAN 82 Street Address (P.O. Box Number is Not Acceptable) 275 E. CENTRAL PKWY 1416 83 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701	
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 SOHAIL KHAN SOHAIL KHAN 5/30/97. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME SOHAIL KHAN STREET ADDRESS 275 E. CENTRAL PKWY 1416 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME IRSHAD A. KHAN STREET ADDRESS 275 E. CENTRAL PKWY 1416 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32703		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 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: SOHAIL KHAN 5/30/97 (407) 880-6080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)