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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000008915 (8) DOCUMENT # 1. Corporation Name

CHICKASAW FOOD SHOP INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								/9106 (8118 18181 1)	831 8 811 1 38 1
8550 CURRY ORLANDO FL			8550 CURRY FORD ROAD ORLANDO FL 32825				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
		1 5 14-4					02/04/1994		
	ace of Business		2a. Mailing Address				4. FEI Number		oplied For ot Applicable
Suite, Apt. a	# 010	26 Suite	Suite, Apt. #, etc.				59-3222610	\$8.75	
22		27	27				Fee Required		
City & State	•		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Zir	Zip Country				8. This corporation owes or has paid the current year Intangible		
24	25	<u></u> ⊢¬ `	29 30		,		Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curre		Agent	1301			10. Name and Address of New Registere		
KA	LHOR, MOHAMMAD				B1	Name			
	50 CURRY FORD ROAD				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
OR	ILANDO FL 32825				63				
				-	84	City	F	85 Zip (Code
	10 507.07	00	00 50-34- 01-13					=	to registered
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, typod or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when romstaling) DATE									
12.		ND DIRECTOR					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 (1)	LE			Change	Addition
NAME	KALHOR, MOHAMMAD			1.2 NA	ME				
STREET ADDRESS	8550 CURRY FORD ROAD		1.3 \$		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CIT	Y-S1	r-21P			
TITLE	D		☐ DELETE	2.1 717	LF			Change	Addition
NAME	Kalhor (Khalatbari) sii	MA		2.2 NA	ME				
STREET ADDRESS	8550 CURRY FORD ROAD			2.3 STI	REET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2. 4 CI	-	T-ZIP			
TITLE			DELETE	3.1 T/T	LE			Change Change	[] Addition
NAME				3.2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						T-ZIP		Change	Addition
TITLE			☐ nettie	4.1 1(1				⊏т стилия	☐ Vagarion
NAME				4.2 NA		*DODESC			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	4.4 C(T		1-21r		Change	Addition
I			5.2 N			}			
NAME STREET ADDRESS						ADDRESS			
STREET ADDRESS				5.4 CIT		,			
CITY-ST-ZIP			☐ DELETE	6.1 T/T	_) - <u>c</u> II		Change	Addition
NAME				6.2 NA					
STREET ADDRESS				- 8		ADDRESS			
CITY-ST-ZIP				6.4 CIT					
14. I hereby c	ertify that the information supplied	with this filing o	does not qualify f	or the exe	mpt	ion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

indicated on this annual report or supplies with this timing does not quality for the exemption stated in occition 1.19.07(3)(i), Florida Statutes. 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.

m. Vale

4. 21. 98 (401) 381-8042