FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # R STOP FOOD			37 (3)			# 1844/1861 178 1871/ BYS/I BES/I BS/I	: 81 111 13 181 11 6 82 11	iði Dilile filli 1881 1881
Principal Place	of Business		Mailing Ado	fress	····				(8) Billo IIII (8) 1901 (8)
2970 SR 60E YEEHAW JUNCTION FL 34972 US			2890 NE 29TH ST FT LAUDERDALE FL 33306 US						
							3. Date Incorporated or Qualified 02/16/1994	3a. Date of L 05/01	ast Report 1/1995
2. Principal Place of Business			2a. Mailing	2a. Mailing Address			4. FEI Number	00/0	Applied For
Suite, Apt. #, etc.			26				65-0480679		Not Applicable
22			27 Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	1344	8.75 Additional Fee Required
City & State 23			· ·	Oty & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Zip Gountry				Country		8. This corporation has liability for i		Added to Fees der s. 199.032.
24	25 25	Ideana of Com	29 rent Registered Ag	[3	30]		Florida Statutes XYes	∐No	
······································	y, Name and Ac	oress or Curi	ent Hegistereo Ag	ent	81	Name	10. Name and Address of New R	egistered Ager	ıt
DENISE QURESHI							ress (P.O. Box Number is Not Acceptab	7-3	
2880 NE 29TH ST					82	Street Add	iress (P.O. Box number is not acceptab	le;	
ft lauc	DERDALE FL 333()6			83				
					84	City		FL 85	Zip Code
SIGNATURE _	in, and accept the or	AIGATIONS OF, SE	3011011 007.0303, FID	noa Statutes.			ration submits this statement for the pur ard of directors. I hereby accept the appx	pose of changing pintment as regis] j its registered office lored agent. I am
12.	Signature, typed or printed n		ent and title 4 applicable	(NOTE: I	Registered Agon	l signature require	ed when reinstating: ADDITIONS/CHANGES TO OFFI	DATE	OTODO IN 40
TITLE	DP			DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFFI	CENS AND DIRE	
NAME	DENISE QURE				1.2 NAME			,	- —
STREET ADDRESS	2880 NE 29TH		10.1		1.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	FT LAUDERDA	LE FL 53		DELFTE	1.4 CITY - ST 2 1 TITLE	I - ZIF	33306	F1 Co.	
NAME			L.J	DELL'IL	2 2 NAME			Chi	ange Addition
STREET ADDRESS					23 STREET	ADDRESS			
CITY-ST-ZIP	······	F1 2000 F1 200 F			2.4 CITY - ST	r-zip			
TALE				DELETE	3 1 TITLE			Ctv	ange Addition
NAME STOCET ADDOCCO					32 NAME				
STREET ADDRESS CITY-ST-ZIP					3.3. STREET				
TITLE				DELETE	3.4 CITY - SI 4. 1 TITLE	- ZIP		☐ Cha	ange Addition
NAME					4.2 NAME				Control
STREET ADDRESS					4.3 STREET	ADDRESS			ŧ
CITY - ST - ZIP					4.4 CITY - ST	- ZIP			
TITLE				DELETE	5. 1 TITLE			☐ Cha	ange 🔲 Addition
NAME CAREET ADDRESS					5.2 NAME				
STREET ADDRESS CITY-ST-ZIP					5.3 STREET				
TITLE		* - *		DELETE	5.4 CITY - S1 6. 1 TITLE	· ZIP	MANUEL MA	[] Cna	ange Addition
NAME					6.2 NAME			One	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					63 STREFT	ADDRESS			
CITY-ST-ZIP					6.4 CHTY-\$1	- ZIP			
oath; that I		ated on this an actor of the con	inual report or suppli poration or the recei	emental annual i ver är frusten er	report is trui nnowered to		or the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 607, Flo		

SIGNATURE:

Denise Queshi Denise Queshi 4-29-96 954-537-7776
SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR