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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000023160

 Corporation Name NICK'S GROCERY & MEAT MARKET, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90125 050 ***150.00



MICK'S GHU	ICERY & MEAT MARKE	i, iiio							
Division Plans of P	ueiness	Mailing Address							
Principal Place of Business Mailing Address 5902 N 40TH STREET									
5902 N 40TH STREET 5902 N 40TH STREET TAMPA FL 33610 TAMPA FL 33610						DO NOT WRITE IN THI	S SPACE		<u> </u>
						3. Date Incorporated or Qualifed			-
						03/22/1994			
		2a. Mailing Addre				4. FEI Number		Applied For	
2. Principal Place	of Business	├ ─┐	750			59-3253991		Not Applicab	JIE
21		26 Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.73 -~~ Eag	5 Additional Required	-
Suite, Apt. #, et	c.	27							一
22		City & State				6. Election Campaign Financing	n Campaign Financing \$5.00 May Be Added to Fees		
City & State		28				Trust Fund Contribution		<u></u>	\neg
23	Country	Zip		Country		8. This corporation owes the current year	Yes	□No	Ì
Zip	25	29	30			Personal Property Tax. 10. Name and Address of New Registere			\Box
24). Name and Address of Curre			-		10. Name and Address of No. 110			
	. Halle bile			81	Name	·			\dashv
WATKINS, CARL T				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		•	
7345 J	ACKSON SPRINGS ROAD #	3		-					
	FL 33634			83					
				84	City		EL 85	Zip Code	ļ
				- []	ì	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		g its registere	ed
	stered agent, or both, in the Stat amiliar with, and accept the oblic mature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regis	stered Age	ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 1	12
12.	OFFICERS /	AND DIRECTORS		1.1 TITLE			☐ Cha	ınge ∐ Ao	JURON
TITLE		Ь.	J	1.2 NAME					
	MYONG, S CHANG				ET ADDRESS				
OHIGE	5902 N 40 STREEET			1.4 CITY-					ddition
CITY-ST-ZIP	<u>tampa fl</u>			2.1 TITLE			C	ange 🗀 🗥	20.00
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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 attachment with an address, with all other like empowered.

SIGNATURE: