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Apr 25 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 # P94000029096 (2)

1. Corporation Name

INN-OUT CONVENIENCE STORE, INC.

Principal Place of Business

3048 ALOMA AVENUE
WINTER PARK FL 32782
US

Mailing Address

3048 ALOMA AVENUE
WINTER PARK FL 32782-3703
US



2. Principal Place of Business

21 1735 S.R. 436

Suite, Apt #, etc.

22 City & State

23 WINTER PARK, FL

Zip

24 32707

Country

25 SEMINOLE

2a. Mailing Address

26 1735 S.R. 436

Suite, Apt #, etc.

27 City & State

28 W.P., FL

Zip

29 32707

Country

30 Seminole

3. Date Incorporated or Qualified

04/16/1994

3a. Date of Last Report

02/28/1996

4. FEI Number

59-3234990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

ALKHATEEB, ZIAD
1805 E. SEMORAN BLVD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name ALKHATEEB, ZIAD
82 Street Address (P.O. Box Number is Not Acceptable)
7501 SUNKEY BLVD
2521
83
84 City W.P. FL 85 Zip Code 32792

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 of registered agent or authorized agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ALKHATEEB, ZIAD	
STREET ADDRESS	1805 E. SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	ALKHATEEB, ZIAD		
1.3 STREET ADDRESS	7501 SUNKEY BLVD # 2521		
1.4 CITY-ST-ZIP	W.P., FL 32792		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)