Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

KATBEH, ASSEM

5396 LONESOME DOVE DR



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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## DOCUMENT # P94000033681

1. Corporation Name

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AWESOME SUPERMARKET, INC.

Mailing Address		
5455 W IRLO BRONSON HWY KISSIMMEE FL 34746		
2a Mailing Address		

26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Country

Zip Zip Country 25 29

9. Name and Address of Current Registered Agent

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90070 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

05/02/1994 4. FEI Number

59-3238377

KISS	IMMEE FL 34/46	83						
			84	City		FL		Code
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo in familiar with, and accept the obligations of	rida. Such change was aut	norized by	tne corporati	poration submits this statement for on's board of directors. I hereby	or the purpose of c accept the appoin	hanging its Iment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and til	le if applicable. (NOTE: F	Registered Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO	O OFFICERS AND	DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	11 TITLE				Change	☐ Addition
NAME	KATBEH, ASSEM		1.2 NAME					
STREET ADDRESS	5396 LONESOME DOVE DR		1.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-S1	r-ZIP				
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME					ľ
STREET ADDRESS			2.3 STREET	ADDRESS				ì
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NAME			3.2 NAME					ì
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NAME			6.2 NAME					1
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S				E . 45 -4 AI	i-formation
14. Thereby o	ertify that the information supplied with this	s filing does not qualify for	the exempti	on stated in	Section 119.07(3)(i), Florida Stat	utes. I furtner cert	ny that the	iniormation

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f). Fiorida statutes. I turner 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #