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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035964 (3)

FILED Jan 26 1998 8:00am Secretary of State

A & S FOOD STORES INC. Principal Place of Business Mailing Address 2103 LINCOLN AVENUE SOUTH 2103 LINCOLN AVENUE SOUTH LAKELAND FL 33803 LAKELAND FL 33803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1994 2. Principal Place of Business 2a. Mailing Address Applied For 9019 60h 54. N. 21 9019 _Goth St. North 59-3242502 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ark, Fi 23 Trust Fund Contribution Added to Fees 28 This corporation owes or has paid the current year Intangible 34666 Pinelles Pinellus 29 Personal Property Tax due June 30. 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZUHAIR, RIFAIE 9019 60TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34666 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change RIFAIE, ZUHAIR NAME 1.2 NAME STREET ADDRESS 9019 60TH STREET NORTH 1.3 STREET ADDRESS CITY-ST-ZIP **PINELLAS PARK FL** 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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.

\$13-547-1270

CR2E034 (10/97