

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039523 (3)

1. Corporation Name

CIRCLE S FOOD STORE, INC.



Principal Place of Business

Mailing Address

5801 54TH AVENUE NORTH
KENNETH CITY FL 33709

5801 54TH AVENUE NORTH
KENNETH CITY FL 33709

2201, 49TH ST. South
Gulf Port, FL 33707

2201, 49TH ST. South
Gulf Port, FL 33707

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOWDHURY, FAZLE ROB
2201 49TH ST., SOUTH
GULFPORT FL 33707

81 Name
CHOWDHURY FAZLE ARIF
82 Street Address (P.O. Box Number is Not Acceptable)
2201- 49TH ST., SOUTH,
83 GULF PORT,
84 City

FL 85 Zip Code
33707

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's signature required when reinstating)

11476

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME CHOWDHURY, SAMIA R
STREET ADDRESS 5801 54TH AVENUE NORTH
CITY - ST - ZIP KENNETH CITY FL 33707
2201-49TH ST SOUTH
GULF PORT, FL 33707

TITLE DS
NAME SHERAJ, MOHAMMED
STREET ADDRESS 5801 54TH AVENUE NORTH
CITY - ST - ZIP KENNETH CITY FL

TITLE DP
NAME CHOWDHURY, FAZLE ROB
STREET ADDRESS 5801 54TH AVENUE NORTH
CITY - ST - ZIP KENNETH CITY FL 33707
2201-49TH ST SOUTH
GULF PORT, FL 33707

TITLE DV
NAME CHOWDHURY, FAZLE ALI
STREET ADDRESS 5801 54TH AVENUE NORTH
CITY - ST - ZIP KENNETH CITY FL 33707
2201-49TH ST SOUTH
GULF PORT, FL 33707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE CHOWDHURY SAMIA R
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
SECRETARY/TREASURER.

21 TITLE MR, SHERAJ MOHAMMED
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
HAD BEEN WITHDRAWN HIS NAME
FROM CIRCLE'S FOODSTORE CORPORATION,
AND HAS BEEN FROM A NEW CORPORATION IN THE
TITLE OF CIRCLE'S FOODSTORE.

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-05-96 (813)341-2075

CR2E034 (3/96)