FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000042573 (3)

DOCUMENT # P94000042573 (3) 1. Corporation Name M/S P. B. GANDHI INCORPORATED						
Principal Plac	be of Business	Mailing Address		-{	Va iri Ber ah Biber 1100+ Bara 1000 1111 1001	
DBA E-Z F	OOD STORE '41 NORTH	5574 COMMERCIAL SPRINGHILL FL 3460				
US		••		 Date Incorporated or Qualified 06/07/1994 	3a. Date of Last Report 05/01/1995	
2. Principal F	Place of Business	2a. Making Address 26 SS/SV CNP	Gard · Bhol.	4. FEI Number 59-3242047	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc. 27 Apr ++462		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite	City & State 28 COINTERT TON	em FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z _i p 24	Country 25	29 33884	Gountry 30		□No	
<u> </u>	9. Name and Address of Curren	l Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
GANDHI, VIJAY P 5574 COMMERCIAL WAY			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
SPRING HILL FL 34606			83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502 ered agent or both, in the State of Florid	and 607,1508. Florida State	ites, the above named corpor	ahon Submits this statement for the pur	pose of changing its registered office	
familiar v	with, and accept the obligations of, Social	on 607 0505, Florida Statute	is.		Lily ha	
SIGNATURE	Section Types for primer street or registerest agend-	and the major leaves	9173E Registrant Acom signar in Propins	₩ 1 what remetating	MIX4 HUSE -	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE NAME	D Gandhi, Vijay P	☐ DELETE	1 1 TITL" 12 NAM: C	resident	Change 🗌 Addition	
STREET ADDRESS	AAAA MAATI MALEETE DI LE		13 STREET ADDRESS	225 CAL. CLORAL B. CLUMBHILL STANDING B.	Ind. Aut # 4021	
CITY - ST - ZIP	SPRING HILL FL 34606		14 City - ST-ZiP	inter Haven , Pl	3988	
TITLE	D	[] DELETE		ice- Pasidon	enange Addition	
NAME	-PATEL, ASHOK K			ATEL MUKESH K		
STREET ADDRESS			2.3 STREET ADORESS	5215 Hay 41 Hors	<u>ما</u>	
CITY - ST - ZIP	WALTHAM MA 01254			172 FL 33549		
TITL€		DEFELE	3 1 TITLE	•	Change C Addition	
NAME			3.2 NAM1.			
STREET ADDRESS	5		3.3 S'R ET ADORESS			
CITY-ST-ZIF		() Dri tit	3.4 CITY - ST - ZIP		Change D Addition	
TITLE		DEFELE	4 1 TITLE		☐ Change ☐ Addition	
NAME Order Approx			4.2 NAM:			
STREET ADDRESS			4.3 STREET ADORESS			
CITY - ST - ZIP TITLE		DELETE	4.4 CITY : \$1 - 20P 5.1 TITLE		Change Addition	
NAME			5.2 NAM:		The Area Manager	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 City - \$1, 2if			
TIFLE		☐ DELE1E	6 ' TITLE		Change Addition	
NAME		_	6.2 NAM ¹			
STREET ADDRESS	;		6.3 STREET ADDRESS			
CITY-SI-ZIP			6.4 CiTY - ST - ZiP			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality 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 rue 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 trusted employees I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9415676-4133

CR2E034 (12/95)