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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOA

•	Name # P94000 SIX FOOD STORES INC.	047236			
Principal Place	e of Business	Mailing Address		(100)	
7027 N. HIMES 7027 N. HIMES TAMPA FL 33614 TAMPA FL 33614			DO NOT WRITE IN TH	IIS SPACE	
•				3. Date Incorporated or Qualifed 06/23/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3280906	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country 30	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Currer	<del></del>		10. Name and Address of New Registere	ed Agent
	J. Haine and Address of Gardy	togiotorou rigeni	81 Name	t .	
AL RIFAIE, NABIL 8531 RENLD BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	PA FL 33617		83		
				<u> </u>	85 Zip Code
			84 City	F	<b>L</b>
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the section of the sec	22 and 607.1508, Florida Statute of Florida, Such change was au tions of Section 607.0505, Flori	s, the above-named corp thorized by the corporation da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
agon	0.000	N A D A A			
SIGNATURE				ad when reinstating) DATE	JUSTES.
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE  12.  TILE	Signature, typed or printed name of registered age		Registered Agent signature require		AND DIRECTORS IN 12  Change Addition
12.	Signature, typed or shifted name of registered age OFFICERS AN	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require		
SIGNATURE  12.  TITLE  NAME	Signature, typed or phred name of registered age OFFICERS AN O AL RIFAIE, SUHAIL	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN O AL RIFAIE, SUHAIL 7027 N. HIMES	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME		
SIGNATURE  12.  TITLE  NAME	Signature, typed or phred name of registered age OFFICERS AN O AL RIFAIE, SUHAIL	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS		
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN O AL RIFAIE, SUHAIL 7027 N. HIMES TAMPA FL 33614 D	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN O AL RIFAIE, SUHAIL 7027 N. HIMES TAMPA FL 33614 D RIFAIE, NABIL	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE		☐ Change ☐ Addition
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14. I 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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

SINDLATHER RECURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

931-1203