FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

95 JUL 25 PM 3:03

DOCUMENT # P94000058388

1. Corporation Name

N & W FOOD MART, INC.

Principal Place of Business / Mailing Address

1112 S. 33rd STREET
FT. PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: AUG. 8, 1994
3a. Date of Last Report: NOT FILED

4. FEI Number — Applied For ☐ / Not Applicable X

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X No

2. Principal Place of Business	2a. Mailing Address
21 1112 S 33rd ST	26 ~~2373 SW STOKES ST.~~
Suite, Apt. #, etc. 22 FT. PIERCE, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PORT ST. LUCIE, FL
Zip 24 34947 · Country 25 ST. LUCIE	Zip 29 34983 · Country 30 ST. LUCIE

9. Name and Address of Current Registered Agent

NASHAT NEAL HASAN
2373 SW STOKES STREET
PORT ST. LUCIE, FL 34983

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 X [signature] — Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) — JUNE 20, 1994 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.SEC. & TREAS	1.1 TITLE	☐ Change ☐ Addition
NAME	NASHAT NEAL HASAN	1.2 NAME	S00001547875
STREET ADDRESS	2373 SW STOKES ST.	1.3 STREET ADDRESS	-07/27/95--01070--014
CITY, ST, ZIP	~~PORT ST. LUCIE, FL 34983~~	1.4 CITY, ST, ZIP	****225.00 ****225.00
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] NASHAT NEAL HASAN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — (407) 466-6682