

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

FILED  
Sep 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000059928 (9)  
1. Corporation Name  
**REMPY ENTERPRISE, INC.**



Principal Place of Business: **SHORT SHOP FOOD STORE, 401 W 4TH STREET, SR 419, CHULUOTA FL 32766, US**

Mailing Address: **7110 ROTHCHILD CT, ORLANDO FL 32835, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/08/1994**

2. Principal Place of Business: **21 SHORT STOP FOOD STORE, 22 401 W. 4th Street, SR 419, 23 CHULUOTA, FLORIDA, 24 32766, 25 USA**

2a. Mailing Address: **26 7110 ROTHCHILD CT., 27 Suite, Apt. #, etc, 28 ORLANDO, FLORIDA, 29 32835, 30 USA**

4. FEI Number: **59-3261112**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: **REMTULLA, FATEHALI H, 7110 ROTHCHILD COURT, ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>REMTULLA, AMIN F</b>	
STREET ADDRESS	<b>7110 ROTHCHILD CT</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>REMTULLA, NAZNEEN A</b>	
STREET ADDRESS	<b>7110 ROTHCHILD CT</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>REMTULLA, FATEHALI H</b>	
STREET ADDRESS	<b>7110 ROTHCHILD CT</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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.

SIGNATURE: *[Signature]* **FATEHALI H. REMTULLA** 9/18/98 407-297-0420

CR2E034 (10/97)