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CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060182 (0)
1. Corporation Name
K & Y FOOD STORE INC.

Principal Place of Business Mailing Address
6615 N. ARMENIA AVE. TAMPA FL 33604 **6815 N. ARMENIA AVE. TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6815 N. Armenia Ave		20 6815 N. Armenia Ave		08/16/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Tampa, FL		28 Tampa, FL		593257577	Not Applicable
24 33604		29 33604		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 U.S.A		30 U.S.A		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JALGHOUM, YASER A 10006 FAWN GROVE PLACE TAMPA FL 33637				81 Name Jalghoum, Yaser A			
				82 Street Address (P.O. Box Number is Not Acceptable) 10006 Fawn Grove FL			
				83			
				84 City Tampa			
				85 State FL		86 Zip Code 33637	

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 607.0509, Florida Statutes.

SIGNATURE Yaser Jalghoum Vice President [Signature] 4/15/95
Apply this space to printed name of registered agent and file # see section 607.0509. Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kamal Sandouka	1.2 NAME	1.2 NAME	
STREET ADDRESS 840 G2nd Ave	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY, ST, ZIP St. Pete 336	1.4 CITY, ST, ZIP	1.4 CITY, ST, ZIP	
TITLE Vice President	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Yaser Jalghoum	2.2 NAME	2.2 NAME	
STREET ADDRESS 10006 fawn grove fl	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY, ST, ZIP Tampa, FL 33627	2.4 CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY, ST, ZIP	3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY, ST, ZIP	4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY, ST, ZIP	6.4 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 110.07(3)(b), 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] Yaser Jalghoum 4/15/95 915 8625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR