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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale

DIVISION OF CORPORATIONS

DOCUMENT #

P94000064572 (8)

1. Corporation YOG	FOOD STORE CORPORA	ATION	(-)		
Philopal Place of Business Mailing Address		Mailing Address		A SOOM ON THE SEAK CHANGE OF THE	EGLUL OBJUL BOHA TIMO TIMO LINK (BAID MÀI 1701
604 E DUVAL STREET LAKE CITY FL 32055		604 E DUVAL STREET LAKE CITY FL 32055			
				3. Date Incorporated or Qualified	
2. Principal Place of Business		0- M		08/30/1994	02/17/1995
ent in option accordings.		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		59-3260443	Not Applicable
22		27		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ∡	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Curre	29	[30]		s 🗆 No
	or mano and regards of Carre	ent riegistereo Agent	81 Name	10. Name and Address of New	Registered Agent
SONLE	HIMANT				
SONI, DHIMANT 604 E DUVAL STREET			82 Stree	t Address (P.O. Box Number is Not Accepta	ble)
	TY FL 32055		83		
					7.11
			84 City		FI 85 Zip Code
	the provisions of Sections 607.050 diagent, or both, in the State of Flo and accept the obligations of Sec			corporation submits this statement for the pu is board of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
	grafure, type the court and elof registered age	ot and title if applicable (NOTE: Registered Agent signature	e required when reinstating)	70
12.	OFFICERS AI	ND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
fire .	D	DELETE	1. 1 TITLE		Change Addition
NAME	SONI, DHIMANT		12 NAME		
STREET ADDRESS	604 E DUVAL STREET		1.3 STREET ADDRESS		
CITY - \$1 - ZIP	LAKE CITY FL 32055 D	DELETE	1.4 CITY - ST - ZIP		
NAME	JAYSWAL, JAYA	[] DETEIR	2. 1 TITLE		Change Addition
STREET ADDRESS	604 E DUVAL STREET		2.2 NAME		
C-TY-ST-Z-P	LAKE CITY FL 32055		2.3 STREET ADDRESS		
THE		DELETE	2.4 CITY-ST-ZIP 3. 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - \$1 - ZIP			3 4 CITY - ST - ZIP		
LI, LE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	•		4 3 STREET ADDRESS	8000017: -03/06/96010	3,38 <u>5</u> 8
CHY-SE-ZIP		FIRE	4.4 CITY-ST-ZIP	-03/06/3601(736018
NAME		☐ DELFTE	5. 1 TITLE	***200.00	Change Addition
STREET ADDRESS			5 2 NAME		
DITY - ST - ZIP			5.3 STREET ADDRESS		
UTLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Channe D Addis-
NAME:		<u></u>	6.2 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
OTY-ST-ZIP	1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		6 4 DITY-ST-ZIP		
oath; that I a		pration or the receiver or trust	nual report is true and a se empowered to execu	allify for the exemption stated in Section 119, courate and that my signature shall have the te this report as required by Chapter 607, Fix	

SIGNATURE:

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/96

9047520