SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067079 (1)**

1. Corporation Name

SHAILA FOOD MART, INC.

Principal Place of Business	Mailing Address
15200 CARTER ROAD B-11 DELRAY BEACH FL 33446	15200 CARTER ROAD B-11 DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5701 North Nebraska Ave
22 Suite, Apt. #, etc.: Tampa Fl 33604
23 City & State: Tampa Fl
24 Zip: 33604
25 Country: Hillsboro

2a. Mailing Address
26: 5701 N. Nebraska Ave
27 Suite, Apt. #, etc.:
28 City & State: Tampa, Florida
29 Zip: 33604
30 Country: Hillsboro

4. FEI Number: 59-3267322 ☐ Applied For ☐ Not Applicable

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 intangibles tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AKTHER, NILUFA
15200 CARTER ROAD B-11
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name: N/A
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: _____ DATE:
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MIAH, SIRAJ	12 NAME	
STREET ADDRESS	2101 CONGRESSIONAL WAY	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33073	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NAHID, FATIMA	22 NAME	
STREET ADDRESS	11211 S MILITARY TRAIL	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33436	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	AKTHER, NILUFA	32 NAME	
STREET ADDRESS	281 FORSYTH STREET	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33487	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RW

CR2E034 (3/95)

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)(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: X Niluufa Akther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95
DATE

407-241-7139
Daytime Phone #

0151003 FP