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FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000078668 (8)**

1. Corporation Name

**SOUTHERN DELI MINI MART, INC.**



Principal Place of Business

Mailing Address

**10109 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411  
US**

**10109 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **SOUTHERN DELI MINI MART**  
Suite, Apt. #, etc.

22 **10109 SOUTHERN BLVD.**

City & State

23 **ROYAL PALM BEACH FL**

Zip

24 **33411**

Country

25

2a. Mailing Address

26 **10109 SOUTHERN BLVD**  
Suite, Apt. #, etc.

27 **10109 SOUTHERN BLVD.**

City & State

28 **ROYAL PALM BEACH FL**

Zip

29 **33411**

Country

30

3. Date Incorporated or Qualified

**10/26/1994**

4. FEI Number

**65-0532305**

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

9. Name and Address of Current Registered Agent

**MUNOZ, EULISES  
8504 TOURMALINE BLVD  
BOYNTON BCH FL 33437**

10. Name and Address of New Registered Agent

81 Name

**MUNOZ EULISES**

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

**8504 TOURMALINE BLVD**

83

84 City

**BOYNTON BEACH**

FL

85 Zip Code

**33437**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MUNOZ, EULISES**  
STREET ADDRESS **8504 TOURMALINE BLVD**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *E. Munoz*

3-2-98

CR2E034 (10/97)