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

-- PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90062 014 \*\*\*150.00

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000082284

1. Corporation	on Name		•	•		
BROAD\	WAY FOOD STORE INC.					
				I (BANKEN) KA (BIK) BIBN ARKI BINK EDIK B		ı
			1			H
Principal Blos	o of Pusiness	Moiling Address			0101	l
1	e of Business	Mailing Address	•			
3 EAST BROAT		4129 US HWY 17 N				
FT MEADE FL	33841	BOWLING GREEN FL 33830 US		DO NOT WRITE IN T	HIS SPACE	
03		03		3. Date incorporated or Qualifed	THOUTAGE	
1				11/07/1994		
3. 0-11	N	2a Mailing Address		4. FEI Number		
<b>├</b>	Place of Business	2a. Mailing Address	•	*	Applied For	
21 '	46	26		59-3277680	Not Applicab	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		. [27]			Fee Required	
City & Sta	te ·	City & State	•	6. Election Campaign Financing	<b>\$5.00</b> May Be	
23	<u> </u>	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	· · · · · · · · · · · · · · · · · · ·	30	Personal Property Tax.	⊠ Yes □No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent.	
	OIL DATE	Commence of the second	81 Name			
89033	SH, PATEL		82 Street Add	ress (P.O. Box Number is Not Acceptable)		—
3504129 US HWY 17 N				* A.Chr 98444688 27 10 10 10 10 10	(Never 1 1551) \$ 1144 M 175 21 15010 Y 1441 440	**
BOA	VLING GREEN FL 33830		83	"我们是我们的,我们是我们的,我们就是不是有		Ţ;
						*
		•	84 City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the above-named com	poration submits this statement for the nurnose	e of changing its registered	_
11. Pursuant office or	registered agent, or both, in the State of	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the ar	pointment as registered	
1 7347 11		tama 'at Oaakan COZ ČEDE Eladi	1- 01-1-1-	A	•	
U∜ agent.la	am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	1//	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	0.0	
35 agent. Fa	1100	5.1)	HITESM Y	4-FL 1-9.	- 5 6	
SIGNATURE	Signature of position agent	and title if applicable. (NOTE: F	HITESH V Registered Agent signature require	ATEL I Sold when reinstating) DATE	-	
SIGNATURE	Signature per control agent OFFICERS ANI	s and title if applicable. (NOTE: F	HTESH V Registered Agent signature require 13.	4-FL 1-9.	AND DIRECTORS IN 12	
SIGNATURE 12.	Signature To Called name of objectered agent OFFICERS ANI	and title if applicable. (NOTE: F	HITESH V Registered Agent signature require 13. 1.1 TITLE	ATEL I Sold when reinstating) DATE	-	
SIGNATURE  12. TITLE NAME	Signature of the State of the State of	s and title if applicable. (NOTE: F	HTESH V Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ATEL I Sold when reinstating) DATE	AND DIRECTORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature of the State of the State of	s and title if applicable. (NOTE: F	HTESH V legistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ATEL I Sold when reinstating) DATE	AND DIRECTORS IN 12	
SIGNATURE  12. TITLE NAME - STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI P PATEL, RANTAN 2481 S KISSINGEN AVE BARTOW FL 33830	and title if applicable. (NOTE: FD DIRECTORS)	HTESH V legistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ATEL I Sold when reinstating) DATE	S AND DIRECTORS IN 12	tion
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941. 375. 2626