SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE JO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000005107 (4) FAMILY DISKOUNT FOOD STORE, INC. Mailing Address Principal Place of Business 7174 CYPRESS DRIVE 7174 CYPRESS DRIVE FORT MYERS FL 33907 FORT MYERS FL 33907 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1995 FEI Numbe Applied For Mailing Address 2. Principal Place of Business 2a Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt #. etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032. Country Country Zip Yes No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SALAMEH, ILBRAHIM H 82 Street Address (P.O. Box Number is Not Acceptable) 7174 CYPRESS DRIVE FORT MYERS FL 33907 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statistics, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of its patient alagent and title if applicable (NOTE: Registered Agent signal ire required when reinstal righ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TOTALE THILE E034 12 NAME SALAMEH, IBRAHIM H NAME 7174 CYPRESS DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 1 4 CITY - ST- ZIP CITY-S1-ZIP Change Addition DELETE 2 I TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 2IP CITY-ST-ZIP Change Addition 31 TITLE . 4 DELETE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change _____ Addition DELETE 51 TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHTY - ST - ZIP 200001888842ange | Addition -07/10/96--01012--005 DELFTE 61 TITLE TITLE 6.2 NAME NAME ***225.00 6.3 STREET ADDRESS

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)(k). Florida Statutes further certify that the information indicated on this agriual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address 6/11/96 1941)278-087

6.4 CITY - ST - 2IP

SIGNATURE: SIGNATURE AND TO E OF SIGNING OFFICER OF DIRECTOR NEY lamen.

STREET ADDRESS