## FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

PROFIT CORPORATION ANNUAL REPORT

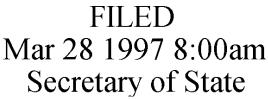


FLORIDA DEPARTMENT IF STATE

Sandra B. Mortum

Secretary of Sta DIVISION OF CORPORTIONS

1997



DOCUMENT # P9500007130 (4)  DOBOND FARMERS MARKET, INC.								
Principal Place of Business Mailing Address							RADI IIIOO IAAI	<b>49</b>      <b>81</b>
		6002 S. DALE MABRY HWY. TAMPA FL 33611-4263						
			ı		3. Date incorporated or Qualified 01/26/1995		ate of Last R 18/1996	eport
<b>.</b>	lace of Business	2a. Mailing Address			4. FEI Number		A	plied For
21	4	26			59-3299533		<del> </del>	ot Applicable
Suite, Apt.	₩, eic	Suite. Apt. #, etc.	1		5. Certificate of Status Desired			Additional equired
City & State	0	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Ζip	Country	Zip	Cou	try	8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Current	29 3	0		Florida Statutes  10. Name and Address of New Re	Yes		
				Name	10. Name and Address of New Ke	Athralag :	ryon	<b></b>
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST.							,,	
TALLAHASSEE FL 32301				Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		-
IVT	AIASSEL I E SESSI		1	33				
			-	34 City			les 7in	Code
				Gity City		FL	85 Zip	COUG
11. Pursuable office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligati	and 607,1508, Florida Statutes f Florida Such change was au ons of, Section 607,0505, Flori	, the about thorized da Statu	ove-named co by the corporates.	propration submits this statement for the pration's board of directors. I hereby accept	ourpose of ot the app	f changing i cointment as	ts registered registered
SIGNATURE	Stigr ature, typed or printled name of registered agent	and title Larvalicable (NOTE I	Panishurad	Ameni signatura zar	juired when reinstating)	DATE		
12.	OFFICERS AND		13.	Agerii signatore re-	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITEE	TD	DELETE	117171	E			Change	RS IN 12
NAME	DO, LIEN MY		1.2 NAM	AE .				1
STREET ADDRESS	6002 S. DALE MABRY HWY.		1.3 STR	EET ADDRESS				j
CHTY+ST+7IP	TAMPA FL		1.4 CIT	r - ST - ZIP				
TITLE	SD	DELETE	217171				Change	Addition
NAME	DO, HUONG NGOC		2.2 NAM				٠,	
STREET ADORESS	6002 S. DALE MABRY HWY. TAMPA FL			EET ADDRESS			V. 1	
CHY-ST-7IP TITLE	PD	DELETE	2 4 CII	Y-ST-ZIP E		· · · ·	Change	Addition
NAME	HUYNH, DU	<b>—</b>	3 2 NAM	·				
STREET ADDRESS	6002 S. DALE MABRY HWY.			EET ADORESS	·			
COTY-ST-ZIP	TAMPA FL		3.4 CIT	Y+ST-ZIP				
HILE		DELETE	4.1 TITE	.E ·			Change	Addition
NAME			4. 2 NA	ME				
STREET AUDRESS			4.3 STR	EET ADDRESS				
CITY - \$.1 - ZiF		I Driete	-	Y-ST-ZIP			Change	Laddition
THLE		☐ DÊLÊTE	5.1 TITL				Change	L Addition
NAME CONCLLADODUCE			5.2 NAM					,
STREET ADDRESS   CITY - ST- ZIP			B	EET ADDRESS				
TITLE	AND	DELETE	6.1 TiTL	Y - \$T - ZIP LE			Change	Addition
NAME			6.2 NA					
STREET ADDRESS				EET ADDRESS				
CHTY - ST - ZIP			1	Y-ST-ZIP				
	ov certify that the information supplied	with this filing does not qualify			ed in Section 119.07(3)(i). Florida Statute	s. I furthe	r certify that	the

4. I do 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 13 if changed, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 24.97 (813) 832.4455