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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Secretary of State

Jun 04 1997 8:00 am

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015228 (6)

KWIK STOP # 2603, INC. Principal Place of Business Mailing Address 2908 N. PINE HILL RD. 2908 N. PINE HILL RD. ORLANDO FL 32808 ORLANDO FL 32808-3504 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1995 04/04/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3297293 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 ☐ Yes ☐ No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KHAN. MOHAMMED 4104 DIJON DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 Zip Code 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE Change 1.1 10116 Addition KHAN, MOHAMMED D NAME 1.2 NAME 4104 DIJON DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP 1.4 CITY - ST - ZIP L. DELETE TITLE Change Addition 2.1 TITLE NAME akter, nilufa 2.2 NAME 281 FORSYTH ST. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 32487** CITY-ST-ZIP 2.4 CITY-ST-ZIP LE DELETE TITLE 31 THUE Change Addition NAME NÁHID, FATIMA 3.2 NAME 11211 S. MILITARY TRAIL STHEET ADDRESS 3.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP 3 4. CHTY-ST-ZIP DELETE TITLE 4.1 THEE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE ___ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE TITLE 6.1 T/TLE Change Addition 800002209148 NAME 6.2 NAMé -06/11/97--01103--003 STREET ADDRESS 6.3 STREET ADDRESS

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.

5-23-97-407-298-1444

14. 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

6.4 CITY - ST - ZIP

***165.00