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

Mailing Address

BOYNTON BEACH FL 33435

101 FED HWY.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027728

OCEAN FOOD MART INC.

Principal Place of Business

BOYNTON BEACH FL 33435

101 FED HWY.

						04/07/1995			
2. Principal P	lace of Business	2a. Mailing Addre	ss			4. FEI Number		Appli	ied For
11		26				65-0589642			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 0	etc.			5. Certificate of Status Desired		75 Ade	
City & Stat	re	City & State				6. Election Campaign Financing Trust Fund Contribution		.00 M	•
Žip	Country	Zip	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ountry		This corporation owes the current year Personal Property Tax.	Intangible]No
24	9. Name and Address of Curre	29 Agent	130	1		10. Name and Address of New Register	red Agent		
	5. Name and Address of Conte	ant registered regent		81	Name				
JAM	AL, SHAFOAT B ROYAL FOREST COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)	 		
WEST PALM BEACH FL 33406				83					
				84	City	The state of the s	85	Zip Co	ode
-46	am familiar with, and accept the oblig	gations of, Section 607.0	505, Florida St	atutes.	,	and a board of discussion, thereby decept are a		as region	
office or agent. I a	registered agent or both in the State	gations of, Section 607.0	505, Florida St	atutes.	,	red when reinstating)			·
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ac	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	(NOTE: Register	atutes.	,	red when reinstating)	S AND DIR	ECTOR	S IN 12
office or agent. I a SIGNATURE	registered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A	gations of, Section 607.0	(NOTE: Register (NOTE: Register 1: LETE 1.1	red Agent 3:	,	red when reinstating)		ECTOR	·
office or I agent. I a SIGNATURE 12.	registered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1	red Agent 3: TITLE NAME	nt signature requir	red when reinstating)	S AND DIR	ECTOR	S IN 12
SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1	red Agent 3: I TITLE NAME 3 STREET	nt signature requir	red when reinstating)	S AND DIR	ECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS DE	(NOTE: Register 1.1 1.2 1.3 1.4	red Agent 3. I TITLE 2 NAME 3 STREET	nt signature requir	red when reinstating)	E AND DIRI □ Ch	ECTOR ange	S IN 12 Addition
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 1: LETE 1.1 1.3 1.4 LETE 2.1	red Agent 3. I TITLE NAME STREET	nt signature requir	red when reinstating)	S AND DIR	ECTOR ange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 11: LETE 1.1 1.3 1.4 ELETE 2.1	red Agent 3. I TITLE 2 NAME 3 STREET 4 CITY-ST I TITLE 2 NAME	it signature requir	red when reinstating)	E AND DIRI □ Ch	ECTOR ange	S IN 12 Addition
Office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A DAMAL, SHAFQAT 1726 ROYAL FOREST COUR'S WEST PALM BEACH FL 3340	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 1: LETE 1.1 1.2 1.3 1.4 ELETE 2.1	red Agent 3: 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET	r ADDRESS	red when reinstating)	E AND DIRI □ Ch	ECTOR ange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A DAMAL, SHAFQAT 1726 ROYAL FOREST COUR'S WEST PALM BEACH FL 3340	gentiand title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 11: LETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3	red Agent 3: TITLE NAME STREET CITY-ST TITLE NAME NAME NAME STREET ACITY-S STREET	r ADDRESS	red when reinstating)	SAND DIR	ECTOR ange	S IN 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A DAMAL, SHAFQAT 1726 ROYAL FOREST COUR'S WEST PALM BEACH FL 3340	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1	red Agent 3: TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET ACITY-ST	r ADDRESS	red when reinstating)	E AND DIRI □ Ch	ECTOR ange	S.IN-12
Office or agent. I a gent. I a gent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A DAMAL, SHAFQAT 1726 ROYAL FOREST COUR'S WEST PALM BEACH FL 3340	gentiand title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.1 ELETE 3.1	red Agent 3: ITITLE NAME STREET CITY-SI ITITLE NAME NAME NAME NAME STREET CITY-SI ITITLE NAME STREET CITY-SI ITITLE	of signature requirer of ADDRESS T. ZIP T ADDRESS ST. ZIP	red when reinstating)	SAND DIR	ECTOR ange	S.IN-12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR' WEST PALM BEACH FL 3340	gentiand title if applicable. AND DIRECTORS DE	(NOTE: Register (NOTE: Register 11: LETE 1.1 12 1.3 1.4 ELETE 2.1 2.2 2.3 2. ELETE 3.1 3.2 3.3	red Agent 3: 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 3 STREET 5 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP	red when reinstating)	SAND DIR	ECTOR ange	S.IN-12
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR' WEST PALM BEACH FL 3340	gent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 11: 12: 13: 14: 14: 14: 15: 15: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18	red Agent 3: 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 5 TITLE 2 NAME 3 STREET 4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP	red when reinstating)	Ch	ECTOR ange	S.IN-12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR' WEST PALM BEACH FL 3340	gent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1 3.2 ELETE 3.1 3.2 4.4 ELETE 4.1	red Agenta red Agenta 3. TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME NAME STREET LOTTY-S TITLE NAME NAME NAME STREET LOTY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAM	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	red when reinstating)	Ch	ECTOR ange	S.IN-12—Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR WEST PALM BEACH FL 3340	gent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 1: ELETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.3 2 ELETE 3.1 3.2 ELETE 3.1 4.4 ELETE 4.1	red Agent red Agent red Agent 3.3. ITTLE R NAME STREET CITY-S1 ITTLE R NAME S STREET 4 CITY-S 1 TITLE R NAME S STREET 4 CITY-S 1 TITLE R NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	red when reinstating)	Ch	ECTOR ange	S.IN-12—Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A PD JAMAL, SHAFQAT 1726 ROYAL FOREST COUR WEST PALM BEACH FL 3340	gent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 1.2 1.3 1.4 1.4 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	red Agent red Agent red Agent 3.3. ITTLE R NAME STREET CITY-S1 ITTLE R NAME S STREET 4 CITY-S 1 TITLE R NAME S STREET 4 CITY-S 1 TITLE R NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME	T ADDRESS	red when reinstating)	Ch	ECTOR ange	S.IN-12— Addition Addition

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 angual 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 reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or or ss, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

□ DELETE

FILED

Feb 11, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-11-1999 90023 041 ***150.00

☐ Addition