

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 TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000028043 (4)

1. Corporation Name

ISSA BROTHERS MIDDLE EASTERN GROCERIES, INC.



Principal Place of Business

Mailing Address

~~2808 SUNNYSIDE STREET~~  
SARASOTA FL 34238

2808 SUNNYSIDE STREET  
SARASOTA FL 34239

2. Principal Place of Business

2a. Mailing Address

21 3458 17TH STREET

26 Suite, Apt #, etc

22 City & State

27 City & State

23 SARASOTA, FL

28 City & State

24 Zip 34235 25 Country USA

29 Zip 30 Country

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report

4. FEI Number 65-0584857 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNESS, W L  
720 S. ORANGE AVE.  
SARASOTA FL 34238

81 Name MOUNIBA ISSA  
82 Street Address (P.O. Box Number is Not Acceptable) 2808 SUNNYSIDE STREET  
83  
84 City SARASOTA FL 85 Zip Code 34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

*Mouniba Issa*

(Note: Registered Agent signature required when incorporating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☒ DELETE  
NAME MCGINNESS, W L  
STREET ADDRESS 720 S. ORANGE AVE.  
CITY-ST-ZIP SARASOTA FL 34238

TITLE P/D ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE P/D ☐ Change ☒ Addition  
22 NAME MOUNIBA ISSA  
23 STREET ADDRESS 2808 SUNNYSIDE ST  
24 CITY-ST-ZIP SARASOTA, FL 34239

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mouniba Issa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Phone #

CR2E034 (3/96)