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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500036294

1. Corporation Name

STOP N SAVE FOOD STORE #6 INC

Principal Place of Busi	ness
1245 71ST ST. MIAMI BCH. FL 33141	

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90034 013 ***150.00

Principal Place		Mailing Address					
MIAMI BCH. FL 33141 MIAMI BCH. FL 33141			•	DO NOT WRITE	IN THIS SPACE	•	
		•			3. Date incorporated or Qualifed 05/09/1995	",	
	lace of Business	2a. Mailing Address	11 SF		4. FEI Number 65-0579060	├	oplied For ot Applicable
Suite, Apt.		Suite, Apt. #, étc.	,, <u>, , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·			Additional equired
City & Stat	AMI BEAUL, FL	City & State	BEAG	H, FL 8834	Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added	May Be to Fees
Zip &	3141 Country DADE	Zip 3314	Col	untry ADE	This corporation owes the current Personal Property Tax.	it year Intangible	Ω . Ho
24	9. Name and Address of Current		1301		10. Name and Address of New Reg	gistered Agent	
	Haire and Flagrands or Contons			81 Name			
1245	HMUD, SHAHEEN 5 71ST ST.				ess (P.O. Box Number is Not Acceptable	e)	
MIAI	MI BCH. FL 33141			83			
	``.			84 City		85 Zip	Code
office or r	registered agent, or both, in the State o m familiar with, and appept the obligation	f Florida. Such change wa:	s authorize	d by the corporation	oration submits this statement for the pun's board of directors. I hereby accept	the appointment as re	egistered
agent. I a SIGNATURE	Sprade	MIR	Fiorida Sta S.RE	W AM	·	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (No	Fiorida Sta S.RE	tutes. d Agent signature required	·		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No	S PE OTE: Registere 13.	tutes. d Agent signature required	when reinstating)		DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NO	S R E	d Agent signature required	when reinstating)	CERS AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MAHMUD, SHAHEN	and title if applicable. (NO	S PE OTE: Registere 13. 1.1 T	TILE AME	when reinstating)	CERS AND DIRECTO	
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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 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, with all other like empowered.

SIGNATURE: