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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039150 (4)

KING MEAT MARKET, INC.

Principal Place of Businoss

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



1810 MARTIN LUTHER KING WAY SARASOTA FL 34234				1810 MARTIN LUTHER KING WAY SARASOTA FL 34234								
e.									3. Date Incorporated or Qualified 05/15/1995		te of Last F 3/1996	leport
2. Principal Place of Business				2a. Mailing Address					4. FFI Number		<u> </u>	pplied For
Suite, Apt. #, etc.				26					65-0588847 Not Applicable \$8.75 Additional			
22				27]					5. Certificate of Status Desired			Radillonal Required
23				City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25			7ip Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		d Address of Cu		stered Agent		ľ			10. Name and Address of New Re	gistered /	Agent	
	ash, ishao a					81	Namo)				
5300 DESOTO PL SARASOTA FL 34234						82 Street Address (P.O. Box Number is Not a				ole)		
SAH	ASUIA FL 342	34				83						
											127 5	
						84	3			FL	. `	Code
office or a agent. I a SIGNATURE	am tamiliar with,	, or both, in the S and accept the o	bligations c	7, Section 607,0505,	, Fiorida St	atute	S.		ation submits this statement for the p 's board of directors. I hereby acce when renstating)	pr the app	ointment as	s registered
12,		OFFICERS	and dire	and the control of the same of the control of the c	13				ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	D AYYASH, ISH	IAO A		L DELETE		TILE					Change	Addition
NAME STREET ADDRESS	5300 DESOT					NAME Other	AUDRESS		2 Day Chave RD			
CITY-ST-ZIP	SARASOTA I					CHY-S		410	2 Bay shore RD ASOTA F1 34234			
TITLE	D			DELETE		TITLE			- And		☐ Change	Addition
NAME		rhi, husni n			2.2	NAME						
STREET ADDRESS		N LUTHER KING	3 WAY		2.3	STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA I	-L 34234	****	DELETE			ST-ZIP		v ,,, ,		Change	Addition
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NAME STREET ADDRESS							ADDRESS	.				
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NAME					6.2	NAME						
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CITY-ST-ZIP	<u> </u>				6.4	CITY-	ST-ZIP	1	A 140 09/00/00 Pt 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·

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 ooth, 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.

CIONATURE.

10 Attack to be at the Kathalite by

1/ A (P)

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