FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P950	00039	484	17

1. Corporation Name
FOOD PLUS STORES, INC.

Making Adoress	
Principal Place of Business Mailing Address	

							3. Date Incorporated or Qualified 3a. Date of 05/17/1995	If Last Report
2. Principal Pla	ace of Busines		2a. Mailing Addr				4. FE! Number	I IA-E-JE
21	300 0. 0001100	,,,	26	F 1		65-0588046	Applied For	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			Not Applicable	
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State City & State					6. Flection Campaign Financing	\$5.00 May Be		
23			Trust Fund Contribution	Added to Fees				
Zip	-	Country	Zip	F ¬	Country		8. This corporation has lability for intangible tax	unders 199.032,
24		5 Address of Cur	29 rent Registered Agent	30			Florida Statutes Y Yes No	
		mo Address Of Col	rem negistered Agent		81	Name	10. Name and Address of New Registered A	jent
MADIZAT	MA MAMAN	IMED A			Ľ	Name		
	TIA, MOHAM CYPRESS :	imed a Creek, suite #:	306		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	DERDALE F		,,,,,		83			
					84	City		85 Zip Code
44 0	o the second		00 - 1002 - 505		Щ.,	L	FL	
Or registere	eu agent, or o	on, in the State of Fi	902 and 607.1508, Florida orida. Such change was a action 607.0505, Florida (authonzeo by tr	itiove r ie corp	named corp oration's bo	poration submits this statement for the purpose of chan- oard of directors. Thereby accept the appointment as re	jing its registered office gistered agent. I am
	ri, and accept	trie obligations of, 5	ection 607.0505, Florida (Statutes.				
SIGNATURE	Signature, typed or	printed name of registered as	gent and fitte if applicable	(NOTE: Regist	area Agra	nt signature resp	ore: when renalising' DATE	
12.		OFFICERS /	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
THE	PD		DELE	ETE 1.	1 TITLE			Change
NAME		ia, mohammed <i>i</i>		1.	2 NAME			
STREET ADDRESS		CYPRESS CREEK		. 1	3 STREET	ADDRESS		
City-St-ZiP	FT. LAUD	DERDALE FL 3330	9	1	4 CITY - S	T-21P		
TITLE			☐ DELE	TE 2	1 THILE			Change 🔲 Addition
NAME				2	2 NAME			
STREET ADDRESS				2	3 STREFT	ADDRESS		
CITY - ST - ZIP					4 0 I I Y - S	I - Ze°		
TITLE			☐ DELE	TE 3	1 T:TLE			Change Addition
NAME				3	2 NAME			
STREET ADDRESS				3	3 STHEET	ADDRESS		
CHTY - ST - ZIP					CITY-S	1 - ZIF		
TOTLE			☐ DELE	TE 4.	1 THLE	1		Change
NAME				4.	2 NAME			
STREET ADDRESS				4.3	3 STREET	ADDRESS		
City - ST - ZiP					1 CITY - S	1 - ZIP		
TITLE			☐ DELE	TE 5	1 Trīt E			Change 🔲 Addition
NAME				5:	NAME			
STREET ADDRESS				50	STREET	ADDRESS		
CITY-ST-ZIP					CITY-S	[- Z:F		
TITLE			DELF	IE 6	1 THLE			Change 🔲 Addition
NAME				6:	NAME	ĺ		
STREET ADDRESS				6	STREET	ADDRESS		
CITY-ST-ZIP				6.4	CITY-SI	r zir 📗		

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)(k), 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 atjachment with an address.

SIGNATURE: __

M. A Markatian MOHAMMED MARKATIA SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/5/16

954-928-0917 Water Proces