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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039484 (7)

FOOD PLUS STORES, INC.

## FILED May 22 1997 8:00am Secretary of State



						BOILD HAIR INLL SINCE	
Principal Place	e of Business ESS CREEK, SUITE #306	Mailing Address 1500 W. CYPRESS	ODEEK SHITE 4	407			
FT. LAUDERDA		FT. LAUDERDALE I		•••			
					3. Date Incorporated or Qualified 05/17/1995	3a. Date of Las 03/26/199	
	ace of Business	2a. Mailing Addres	S	- 6 61	4. FEI Number		Applied For
11 /S (X	W. Cypun Ched	20 700 74	Cypress	(neute la	65-0588046		Not Applicable
Suite, Apt #, etc. 407 Suite, Apt. #, 6			*, etc. 407		5. Certificate of Status Desired	1 7	\$8.75 Additional Fee Required
City & State	landerdale F1.	City & State 1	uderdal		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3.	3309 Country	<sup>Zip</sup> 3330	) 9 30 Cour	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes 🔲 No	r s. 199.032,
	9. Name and Address of Cur				10. Name and Address of New Reg	Istered Agent	
MAF	KATIA, MOHAMMED A			81 Name			
1500 IV CVDDECC CDEEK CLITTE 4200					ess (P.O. Box Number is Not Acceptable)		
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			ļ	84 City		FL 85 2	ip Code
11, Pursuant t	o the provisions of Sections 607.0	0502 and 607 1508, Florida	Statutes, the ab	ove-named corp	poration submits this statement for the pu	rpose of changin	g its registered
office of re	egistered agent, or both, in the St in familiar with, and accept the ob	tate of Florida. Such change oligations of, Section 607.05	e was authorized 605, Florida Stati	by the corporat ites.	tion's board of directors. I hereby accept	tine appointment	as registered
agent. Lar							
SIGNATURE	Signature, typed or printed name of registered	f agent and title if applicable.	(NOTE: Registered	Agent signatura requir	ired when reinstating)	DAYE	000 11.40
SIGNATURE	Signature hyped or printed name of registered OFFICERS.	l agent and title if applicable. AND DIRECTORS	(NOTE: Registered	Agent signatura requir		RS AND DIRECT	
SIGNATURE  12.  TRUE	Signature hypero or printed name of registered OFF ICERS P0	d agent and title if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 18.	Agent signatura requir	ired when reinstating)		
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