

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039532 (3)

1. Corporation Name

CHEVRON FOOD MART 64 INC.



Principal Place of Business

6413 STATE ROAD 64 EAST
BRADENTON FL 34208

Mailing Address

6413 STATE ROAD 64 EAST
BRADENTON FL 34208

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

SAMAH, CHARLES M
250 FOURTH AVE., NORTH
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of person or persons who have signed this statement

Signature of person or persons who have signed this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ DELETE
NAME	ZAKI, ASHRAF	
STREET ADDRESS	621 MONTE CRISTO BLVD.	
CITY-STATE-ZIP	TIERRA VERDE FL 33715	
TITLE	ZAKI, ASHRAF	☒ DELETE
NAME	ZAKI, ASHRAF	
STREET ADDRESS	621 MONTE CRISTO BLVD.	
CITY-STATE-ZIP	TIERRA VERDE FL 33715	
TITLE	PSTD	☐ DELETE
NAME	ZAKI ATEF	
STREET ADDRESS	2898 AVE N.	
CITY-STATE-ZIP	TIERRA VERDE, FL 33715	
TITLE	ZAKI ATEF	☐ DELETE
NAME	ZAKI ATEF	
STREET ADDRESS	2898 AVE N.	
CITY-STATE-ZIP	TIERRA VERDE FL 33715	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300001873029
-06/24/96--01030--045
***200.00

6/11/96 (813) 527-1223

5-196

CR2E034 (12/95)