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

STREET ADDRESS

SIGNATURE:

FILED Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000066680 (6) KANDAH INC. Principal Place of Business Mailing Address % SNAPPY FOOD STORES % SNAPPY FOOD STORES 2758 TROLLIE LANE 2758 TROLLIE LANE DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Date Incorporated or Qualified 08/29/1995 Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3328839 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KANDAH, SAM 2785 TROLLIE LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 84 City 85 Zip Code FL 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 207.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE KANDAH, SAM 1.2 NAME NAME CR2E034 2758 TROLLIE LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KANDAH, JOHN G NAME 2.2 NAME 2758 TROLLIE LANE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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

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