

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074140 (1)

1. Corporation Name

BIG BOY MARKET, INC.

Principal Place of Business

749 WESTMORELAND DRIVE
ORLANDO FL 32805

Mailing Address

749 WESTMORELAND DRIVE
ORLANDO FL 32805



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

29 30

9. Name and Address of Current Registered Agent

SULEIMAN, RAMI
749 WESTMORELAND DRIVE
ORLANDO FL 32805

3. Date Incorporated or Qualified

3a. Date of Last Report

09/25/1995

4. FEI Number

59-3338090

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 *Rami Suleiman*

3.5-96

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME *Rami K. Solomon*
STREET ADDRESS *749 S. Westmoreland Dr.*
CITY-ST-ZIP *Orlando, FL 32805*

12 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

17 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE: *Rami Suleiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5-96

407-425-8561

D-5

Daytime Phone #

CR2E034 (12/95)