

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 # **P95000074845 (5)**

1. Corporation Name
F.I.O. MARKET, INC.



Principal Place of Business: ~~315 E. ROBINSON ST., STE. 600- ORLANDO FL 32801~~ 1107 W. Church St. Orlando, Fl. 32805
Mailing Address: ~~315 E. ROBINSON ST., STE. 600- ORLANDO FL 32801~~ 1107 W. Church St. Orlando, Fl. 32805

2. Principal Place of Business: 21 1107 W. Church St. State, Apt. #, etc.:
22 City & State: 23 Orlando, Fl.
24 Zip: 32805 25 Country: Orange
2a. Mailing Address: 26 1107 W. Church St. State, Apt. #, etc.:
27 City & State: 28 Orlando, Fl.
29 Zip: 32805 30 Country: Orange

3. Date Incorporated or Qualified: 09/28/1995
3a. Date of Last Report:
4. FEI Number: 58-2201145 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

9. Name and Address of Current Registered Agent
**HATCHER, STEPHEN B
315 E. ROBINSON ST., STE. 600
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **Eddie Bryant**
82 Street Address (P.O. Box Number is Not Acceptable): **1107 W. Church St.**
83
84 City: **Orlando** 85 Zip Code: **FL 32805**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Eddie Bryant - President*

1-26-96

12. OFFICERS AND DIRECTORS

1101 TITLE	D	<input type="checkbox"/> DELETE
1102 NAME	BRYANT, EDDIE	
1103 STREET ADDRESS	829 ROSINANTE	
1104 CITY-ST- ZIP	EL PASO TX 79922	
1105 TITLE		<input type="checkbox"/> DELETE
1106 NAME		
1107 STREET ADDRESS		
1108 CITY-ST- ZIP		
1109 TITLE		<input type="checkbox"/> DELETE
1110 NAME		
1111 STREET ADDRESS		
1112 CITY-ST- ZIP		
1113 TITLE		<input type="checkbox"/> DELETE
1114 NAME		
1115 STREET ADDRESS		
1116 CITY-ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202 NAME	
1203 STREET ADDRESS	
1204 CITY- ST- ZIP	
1205 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1206 NAME	
1207 STREET ADDRESS	
1208 CITY- ST- ZIP	
1209 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1210 NAME	
1211 STREET ADDRESS	
1212 CITY- ST- ZIP	
1213 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1214 NAME	
1215 STREET ADDRESS	
1216 CITY- ST- ZIP	

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 this 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: *Eddie Bryant* - **Eddie Bryant**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 915-592-8737
Date: Phone #

CR2E034 (12/95)