

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

1997 AUG -5 PM 3: 50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000011735 (3)**  
 1. Corporation Name  
**FAMOUS MARKET DELI OF SUNRISE, INC.**

Principal Place of Business <b>8330 W OAKLAND PARK BLVD                  SUNRISE FL 33351</b>	Mailing Address <b>8330 W OAKLAND PARK BLVD                  SUNRISE FL 33351</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Country
<b>24</b>	<b>25</b>
<b>29</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>02/07/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ISLAM, MOHAMMED M**  
**8330 W OAKLAND PARK BLVD**  
**SUNRISE FL 33351**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b> <b>800002263868--0</b> <b>-08/11/97--01165--015</b>
<b>84</b> City <b>FL 85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ISLAM, MANZURUL	
STREET ADDRESS	11211 S MILITARY TRAIL #2721	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ISLAM, MOHAMMED M	
STREET ADDRESS	11211 S MILITARY TRAIL #2721	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOSSAIN, MOHAMMAD A	
STREET ADDRESS	32 CORTEZ WAY	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*201 05/197*

**14.** I do 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.

CR2E034 (4/97)

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**FAMOUS MARKET DELI OF SUNRISE, INC.  
8330 W. OKALAND PARK BLVD.  
SUNRISE, FL 33351  
(954)748-4070 FAX (954)421-0580**

July 28, 1997

Divisions of Corporations  
Annual Report Section  
PO Box 1500  
Tallahassee, FL 32302

Re: Document #P96000011735(3)

Gentlemen:

We wish to advise you that we never received the first notice requesting renewal for the above named corporation.

The receipt of the second notice is what prompted me to write this letter of apology to you, therefore, we appreciate your accepting the enclosed check for \$165.00 with our thanks for your understanding.

Again, thank you for your cooperation,

Sincerely,



**MANZURAL ISLAM**  
President