

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011735
 1. Corporation Name
FAMOUS MARKET DELI OF SUNRISE, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 02/07/1996	
4. FEI Number 65-0644652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP ISLAM MANZURUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISLAM, MANZURUL	1.2 NAME	ISLAM MANZURUL
STREET ADDRESS	11211 S MILITARY TRAIL #2721	1.3 STREET ADDRESS	12693 TORBAY DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33436	1.4 CITY-ST-ZIP	BOCARATON FL 33428
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS ISLAM MOHAMMED M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISLAM, MOHAMMED M	2.2 NAME	ISLAM MOHAMMED M
STREET ADDRESS	11211 S MILITARY TRAIL #2721	2.3 STREET ADDRESS	6251 PALM TRACE LANDNGS #216
CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.4 CITY-ST-ZIP	DAVIE FL 33314
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DV, HOSSAIN MOHAMMED A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSAIN, MOHAMMAD A	3.2 NAME	HOSSAIN MOHAMMED A
STREET ADDRESS	32 CORTEZ WAY	3.3 STREET ADDRESS	4410 SW 1ST ST
CITY-ST-ZIP	DAVIE FL 33324	3.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* 1-20-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)