

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.)

FILED

Sep 19 1997 8:00am  
Secretary of State

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 # **P96000014659 (2)**

1. Corporation Name

**MACDILL FOOD & DELI, INC.**



Principal Place of Business <b>6616 SOUTH MACDILL AVENUE TAMPA FL 33611</b>	Mailing Address <b>6616 SOUTH MACDILL AVENUE TAMPA FL 33611</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/12/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>59-3367058</b>		Applied For <input type="checkbox"/> Not Appl. cable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALHOMSI, AYMAN M**  
**6616 SOUTH MACDILL AVENUE**  
**TAMPA FL 33611**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>President / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>MAGDY BARAKAT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>6616 South MacDill Avenue</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33611</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>WAEEL BARAKAT</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6616 South MacDill Avenue</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33611</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>NAGEEB-A-ALHAS</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6616 South MacDill Avenue</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33611</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>NAGEEB-A-ALHAS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6616 South MacDill Avenue</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33611</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

CP2E034 (4/97)