


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90098 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000014659 UK
 1. Corporation Name
Macdill Food & Deli, Inc.

Principal Place of Business Mailing Address
6616 S. Macdill Ave Tampa, FL 33611 6616 S. Macdill Ave Tampa, FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 6616 S. Macdill Ave 26 6616 S. Macdill Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 Tampa, FL 28 Tampa, FL
 City & State City & State
 24 33611 25 USA 29 33611 30 USA
 Zip Country Zip Country

3. Date Incorporated or Qualified
~~02-12-96~~ 02-12-96
 4. FEI Number 59-3367058 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MAGIDY A. BARAKAT
6616 S. Macdill Ave
Tampa, FL 33611

10. Name and Address of New Registered Agent
 81 Name Magdy A. BARAKAT
 82 Street Address (P.O. Box Number is Not Acceptable)
6616 S. Macdill Ave
 83
 84 City Tampa FL 85 Zip Code 33611

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 Magdy Barakat DATE 02/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | <u>President</u> | <input type="checkbox"/> DELETE |
| NAME | <u>Barakat, Magdy</u> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <u>Vice President</u> | <input type="checkbox"/> DELETE |
| NAME | <u>Barakat, Wael</u> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <u>Treasurer</u> | <input type="checkbox"/> DELETE |
| NAME | <u>ALHAJ, Najeeb</u> | |
| 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 | |

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: Magdy Barakat DATE 02/20/99 (813) 832-2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)