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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000019843

LOW COST SUPERMARKET, INC.

| | T SUPERMARKET, INC. | · | | | | | | |
|---|--|--|--|---|--|--|-------------------------------------|---|
| Principal Place of | of Rusiness | Mailing Address | | | | | | |
| | | 3717 N CENTRAL AVE | | | | T | | |
| 3717 N CENTRAL AVE TAMPA FL 33603 | | TAMPA FL 33603 | | DO NOT WRITE IN THIS SPACE | | | | |
| IMMI D. I.E. dagga | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 03/01/1996 | | | |
| همد. د | بيبيع مدياتهم ستنصد معرسيا مدمستعثير | والمراجعين بالمستعبرة المستعبرة | <u> </u> | | 4. FEI Number | | == = Applie | ed For |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | 59-3365459 | | Not A | pplicable |
| - | • | 26 | | | | | 8.75 Add | |
| Suite, Apt. # | etc. | Suite, Apt. #, etc. | | • | 5. Certifcate of Status Desired | <u> </u> | Fee Requ | ired |
| _ | | 27 | | | 6. Election Campaign Financing | | \$5.00 M | ay Be |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | Added to | |
| - | • | 28 | | | 8. This corporation owes the curre | ent vear Intang | ible | |
| 23 | Country . | Zip | Country | | 8. This corporation owes the con- | Ž | Yes [|]No |
| Zip . | [25] | 29 | 30 | | 10. Name and Address of New R | egistered Age | ent | |
| 24 | Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Y | <u> </u> | | |
| | 9. Maine and Addition | A CONTRACTOR OF THE STATE OF TH | 81 | l | <u>, ' </u> | | | |
| CI INI | G, SE YONG | | 82 | Street Add | Iress (P.O. Box Number is Not Accepta | ible) | • | · \ |
| 2717 | N CENTRAL AVE | | " | | 20.3.7 | stranija samani Stranija stranija | 4 (2) \$1 (4) 30 (4) | 5, (11) 148; |
| | PA FL 33603 | | 83 | | · 是一个一个一个 | 門門的資東區 | | |
| I AMI | PA FE 33000 | • | <u> </u> | | 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | 85 Zip Co | ode |
| , | *** | | 84 | City | poration submits this statement for the tion's board of directors. I hereby acce | | | |
| SIGNATURE | | (NOTE | : Registered Ag | ent signature requ | · · · · · · · · · · · · · · · · · · · | _, | DISCOTO | |
| | Signature, typed or printed name of registered | agent and add it opposite | E: Registered Age | ent signature requ | ADDITIONS/CHANGES TO O | FICERS AND | DIRECTOR Change | |
| 12. | OFFICERS | agent and title if applicable (NOTE AND DIRECTORS DELETE | | | · · · · · · · · · · · · · · · · · · · | FICERS AND | DIRECTOR Change | RS IN 12 |
| TITLE | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO O | FICERS AND | DIRECTOR Change | RS IN 12 |
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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 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 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 indicated on this annual report 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:

STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90036 050 ***150.00