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

Mailing Address

12693 TORBAY DRIVE

PROFIT COMPORATION ANNUAL REPORT

1999

Principal Place of Business

12693 TORBAY DRIVE



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90005 004 \*\*\*150.00

DOCUMENT # <b>P96000043282</b> t. Corporation Name	
NAHID'S FOODMART, INC.	T ARRINDO NO TRILE BAND BRING BRING BRING BRING BRING BRING HERE HERE HERE HERE HERE HERE

	FL 33428	BOCA RATON FL 33428				DO NOT WRIT	TE IN THI	SPACE	
						3. Date Incorporated or Qualifed			
						05/21/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Α	pplied For
21		26				65-0667185			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		7	Additional tequired
22		City & State							
City & State	9	<u>├</u> ─┐ ′				6. Election Campaign Financing Trust Fund Contribution			May Be ≀to Fees
23	Country	28	Cou	intry		8. This corporation owes the curre	ont year Ir		10 000
Zip	· ·	<u>⊢</u> ¬ '	30	,		Personal Property Tax.	encycor n	☐ Yes	[]No
24	9. Name and Address of Curre	29 Agent	30	T -		10. Name and Address of New F	legistered	Agent	
	5. Name and Address of Curr	int registered regular		81	Name				
NAHID, FATIMA						100000	1.1		
	3 TORBAY DRIVE			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	A RATON FL 33428			83					
				84	City			85 Zip	Ccde
				$\perp$		oration submits this statement for the	FI	<del>-</del>	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	uthonzed	a ov tr	ne corpora.io	n's board of d rectors. I hereby accep	ot the app	intment as r	egi stered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered	d Agent s	signature required	d when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIC NS/CHANGES TO OF	FICERS /		
TITLE	PSTD	DELETE	1.1 Tf	TLE				☐ Change	Addition
NAME	NAHID, FATIMA		12 N	AME					
STREET ADDRESS	12693 TORBAY DRIVE		1.3 \$1	TREETA	ODRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		1,4 CI	ITY-ST-	ZiP				
				ITLE				Change	☐ Addition
TITLE		☐ DELETE	2.1 71						
TITLE NAME		DELETE	2.1 TI 2.2 N						
		DELETE	2.2 N	AME	DDRESS				
NAME STREET ADDRESS		☐ DELETE	2.2 NJ 2.3 ST	AME					
NAME		☐ DELETE	2.2 NJ 2.3 ST	IAME TREET A				Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP			2.2 NJ 2.3 ST 2.4 C	IAME TREET A CITY-ST-				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.2 N/ 2.3 S1 2 4 C 3.1 T1 3.2 N/	TREET A CITY-ST- ITLE IAME				☐ Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE SS			2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET A CITY-ST- ITLE IAME	DORESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET A CITY-ST- ITLE IAME TREET A CITY-ST-	DORESS			☐ Change	
NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP		☐ DELETE	2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4 C 4.1 TI	TREET A CITY-ST- ITLE IAME TREET A CITY-ST-	DORESS				
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 NJ 23 S' 2 4 C 3.1 TI 32 NJ 3.3 S' 34 C 4.1 TI 4.2 NJ	TREET A CITY-ST- ITLE IAME TREET A CITY-ST- ITLE NAME	DORESS				
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS		☐ DELETE	22 NV 23 S' 2 4 C 3.1 TI 3.2 NV 3.3 S' 34 C 4.1 TI 4.2 N 4.3 S'	TREET A CITY-ST- ITLE IAME TREET A CITY-ST- ITLE NAME	ADDRESS ZIP				
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 NV 23 S' 2 4 C 3.1 TI 3.2 NV 3.3 S' 34 C 4.1 TI 4.2 N 4.3 S'	TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE NAME TREET A CITY-ST- TREET A	ADDRESS ZIP				Addition
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP CONTROL OF SS CITY-ST-ZIP		☐ DELETE	22 NV 23 S' 2 4 C 3.1 TI 3.2 NV 3.3 S' 34 C 4.1 TI 4.2 N 4.3 S' 4.4 C	TREET A CITY-ST- ITLE TREET A CITY-ST- ITLE NAME TREET A CITY-ST- ITLE TREET A	ADDRESS ZIP			☐ Change	Addition
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE		☐ DELETE	22 Nd 23 Si 2 4 C 3.1 Ti 3.2 Nd 3.3 Si 3.4 C 4.1 Ti 4.2 Nd 4.3 Si 4.4 Ci 5.1 Ti 5.2 Nd	TREET A CITY-ST- ITLE TREET A CITY-ST- ITLE TREET A CITY-ST- TREET A CITY-ST- TREET A	ADDRESS ZIP			☐ Change	Addition
NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE NAME		☐ DELETE	22 N 23 ST 2 4 C 3.1 TI 3.2 N/ 3.3 ST 34 C 4.1 TI 4.2 N 4.3 ST 4.4 C 5.1 TI 5.2 N/ 5.3 ST	TREET A CITY-ST- ITLE TREET A CITY-ST- ITLE TREET A CITY-ST- TREET A CITY-ST- TREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS			☐ Change	Addition
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME NAME NAME NAME		☐ DELETE	22 N 23 ST 2 4 C 3.1 TI 3.2 N/ 3.3 ST 34 C 4.1 TI 4.2 N 4.3 ST 4.4 C 5.1 TI 5.2 N/ 5.3 ST	AME TREET A CITY-ST- ITLE VAME TREET A CITY-ST-	ADDRESS ZIP  ADDRESS ZIP  ADDRESS			☐ Change	Addition
NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE		☐ DELETE	2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N/3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CD 5.1 TI 5.2 N/5.3 ST 5.4 CD	AME TREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS			☐ Change	Addition
NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE NAME NAME		☐ DELETE	22 N 23 Si 2 4 C 3.1 Ti 32 N 33 Si 34 C 4.1 Ti 4.2 N 4.3 Si 4.4 Ci 5.1 Ti 5.2 N 5.3 Si 5.4 Ci 6.1 Ti 6.2 N	AME TREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS			☐ Change	Addition
NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE TITLE NAME STREET ADDRE SS CITY- ST-ZIP TITLE		☐ DELETE	22 N 23 S' 2 4 C 3.1 TI 32 N 3.3 S' 34 C 4.1 TI 4.2 N 4.3 S' 5.1 TI 5.2 N 5.3 S' 5.4 CC 6.1 TI 6.2 N 6.3 S'	AME TREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP			☐ Change	Addition

4. I here by 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 change 1, or on an attachment with an address, with all other like empowered

SIGN/ATURE:

SIGNA TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (95) 725 -0100 Date Dayline Phone #