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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000046776 (6)** 

STOP & SHOP MARKETS INC

Principal Place of Business Mailing Address 3991 NW 41 STREET 3991 NW 41 STREET LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33309-4860 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zipi 8. This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No 25 29 Florida Statutes 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KHANOM, SHAHANA 3991 NW 41 STREET Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES FL 33309 83 R4 City 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. Lam familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of trigistized agent and but if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS (96/6) 12 DELETE 1 1 TITLE Change Addition THE KHANOM, SHAHANA 1.2 NAME NAME 3991 NW 41 STREET 1.3 STREET ADDRESS STREET ADDRESS **LAUDERDALE LAKES FL 33309** CITY-ST 2/F 1.4 CITY-ST-ZIP \_\_ DELETE Change Addition 2.1 TITLE THE 2.2 NAME MAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY SI DELETE 3 1 TITLE ☐ Change Addition TIT,F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZiP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CHY-ST-7IP Change DELETE Addition . TITLE 51 TITLE NAM: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST. ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TILLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CHTY-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 armual 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.

0268166

**CR2E034** 

**FILED** 

Mar 27 1997 8:00am

Secretary of State