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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

0327511

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050594 (6)

KWIK STOP #1302 INC.

SIGNATURE:

| Principal Plac | e of Business | Mailing Ac | Idress | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,- | | | | | |
|---|---|---------------------------------------|----------------|--|--------|---|--|---|---------------------------|---|
| 1302 N DIXIE HWY 1302 N DIXIE HWY LAKE WORTH FL 33460 LAKE WORTH FL 334 | | | (IE HWY | 827 | | | | | | |
| | | | | | | | Date Incorporated or Qualified 06/13/1996 | 3a. Da | ite of Last Re | eport |
| 2. Principa: F | Place of Business | 2a. Mailing 26 | Address | | | | 4. FEI Number 65-067//35 | | | plied For t Applicable |
| Suite, Apt. | . #, etc. | Suite, / | Apt. #, etc. | _ | | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | |
| City & Sta | te | City & | State | | | , , , , , , , , , , , , , , , , , , , | 6. Election Campaign Financing | (<u>, , , , , , , , , , , , , , , , , , , </u> | \$5.00 | |
| Zip | Country | 28 Zip | | Cour | itrv | , | Trust Fund Contribution 8. This corporation has liability for i | ptengible | Added to | |
| 24 | 25 | 29 | | 30 | , | | | |] No | 193.002, |
| | 9. Name and Address of Curre | | gent | 1001 | | | 10. Name and Address of New Re | gistered | Agent | |
| ATI | FA, MOSAMMAT UMME | | | 1 | 81 | Name | | | | |
| 1302 N DIXIE HWY LAKE WORTH FL 33460 | | | | | 82 | Street Add | iss (P.O. Box Number is Not Acceptable) | | | |
| | | | | Ī | 83 | | | | | |
| | | | | | 84 | City | | FL | 85 Zip (| Code |
| 11 Durament | to the rure in one of Sections 507 05 | 02 204 607 1609 | Elorida Statut | toe the ab | 0110 | named cor | poration submits this statement for the p | | changing it | c registered |
| l office or | registered agent, or both, in the Stati am familiar with, and accept the oblig | e of Florida. Suci | n change was | authorized | l by | the corpora | ation's board of directors. I hereby accep | the app | ointment as | registered |
| SIGNATURE. | Signature, typed or printed harne of registered ag | ent and title if applicat | ile. (NO | TE: Registered | Agen | nt signature requ | uired when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTOR | S IN 12 |
| TITLE | PD | | DELETE | 11 117 | LE | | | | Change | Additio |
| NAME | ATIFA, MOSAMMAT UMME | | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | 1302 N DIXIE HWY | | | 1.3 STF | REET # | address | | | | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | | | 1.4 CIT | Y-ST | - ZIP | | | | |
| TITLE | VO | | DELETE | 2.1 TIT | LE | | | | Change | Addition |
| NAME | BHUYAIN, JAMAL U | | | 2.2 NAI | ME | | | | | |
| STREET ADDRESS | 1302 N DIXIE HWY | | | 2.3 STF | REET A | ADDRESS | | | | |
| CITY-S1-ZIP | LAKE WORTH FL 33460 | · · · · · · · · · · · · · · · · · · · | · | 2. 4 CI | | T-ZIP | | | | |
| TOTLE | | | DELETE | 3.1 TH | LE | | | | Change | Additio |
| NAME | | | | 3.2 NA | ME | | • | | | |
| STREET ADDRESS | | | | 3.3 STF | REET | ADORESS | | | | |
| CITY - ST - ZIP | | | | 34, CF | | T-ZIP | | | T 10: | |
| TITLE | 1 | | DELETE | 4.1 1(7) | | | | | L Change | Additio |
| NAME | | | | 4. 2 NA | | | | | | |
| STREET ADDRESS | | | | | | address | | | | |
| CITY-S1-7IP | | | DELETE | 4.4 CIT | | r-ZIP | | | 1 05 | 1 3 3 5 7 - |
| THILE | | | DELETE | 5,1 7(7 | | \ | | | Change | Addition |
| NAME | | | | 5.2 NA | | ľ | | | | |
| STREET ADDRESS | | | | - 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | TT -= -= | 5,4 CIT | | T-21P | | | | 1 |
| TITLE | | | DELETE | 6.1 Trī | | | | | Change | Addition |
| NAME | | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | . [| | | 6.3 STI | REET | ADDRESS | | | | |

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.