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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principa: Place of Business

ISSA, ABAS I

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054993 (6)

Country

9. Name and Address of Current Registered Agent

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667 WEST KING STREET

ST. AUGUSTINE FL 32095

KING STREET FOOD MART CORP.

Principal Place of Business Mailing Address

667 WEST KING STREET 667 WEST KING STREET
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095-8720

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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28 Zip

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FILED Feb 11 1997 8:00am Secretary of State

3. Date Incorporated or Qualified	3a.	Date of Last Report			
06/27/1996]	NIA			
4. FEI Number	· /	Applied For			
59-239973	6	Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8. This corporation has liability for Florida Statutes	intangit Yes	ole tax under s. 199.032,			
	Yes	□ No			

Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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, and accept the obligations of Section 607.0505. Florida Statutes

Country

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	en jamiliar with, and accept the obligations of, Section C	301.0000,110110	od otatotea.			Ì
SIGNATURE	Signature, type the permed name of regimened agent and title if applicable	(NOTE F	Registered Agent s gnature requir	ed when reinstating)	DATE	
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
Tifte	D	DELETE	1.1 TITLE		Change	S IN 12 Addition
NAME	ISSA, ABAS I	!	1.2 NAME			
STREET ADDRESS	291 GLENEAGLES DR.		13 STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK FL 32073	1	1.4 CITY-ST-ZIP	· ·		Addition
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME.	CHOUTRI, MUSTAPHA		2.2 NAME			
STREET ADORESS	526 N. ORANGE AVE.		2.3 STREET ADDRESS			
CITY-SI-7P	GREEN COVE SPRINGS FL 32043	/	2. 4 CITY - ST - ZIP			
TILE	D	1 DELETE	31 TITLE		☐ Change	Addition
NAM?	ASAD, YAHIA M		3.2 NAME			
STREET ADORESS	291 GLENEAGLES DR.		3.3 STREET ADDRESS			Į
CITY-\$1 2IP	ORANGE PARK FL 32073		3.4 CITY-ST-ZIP			
TIGLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET AUDRESS			4.3 STREET ADDRESS			
City - St - 709			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAM(5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-Si-ZIP			5.4 CITY - ST - ZIP			
THIF		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP			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 phanged, or on an attachment with an address.

SIGNATURE:

FOD 1 5 97 (904) 810-5600