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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054993 (6)

KING STREET FOOD MART CORP.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
667 WEST KING STREET 667 WEST I					KING STREET ISTINE FL 32095			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 06/27/1996
Principal Place of Business The Principal Place of Business				2a. Mailing Address 26				4. FEI Number Applied For 59-3399736 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Certificate of Status Desired Secretificate of Status Desired Fee Required
City & State				City & State			·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	25			Zip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
e. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent
ISSA, ABAS I						81	Name	
667 WEST KING STREET ST. AUGUSTINE FL 32095						82	Street A	ddress (P.O. Box Number is Not Acceptable)
						84	City	FL 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or profed name of registered agent and triul if applicable (NOTE Registered Agent signature required when reinstaling) DATE								
12. OFFICERS AND DIRECTORS						13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELE TE		TITLE		Change Addition
NAME	issa, ab/				1.2	NAME		
STREET ADDRESS		IEAGLES DR.		1.3 ST			ADDRESS	
CITY-ST-ZIP	ORANGE	PARK FL 32073		1.41			T-71P	
TITLE				DELETE 2.1		TITLE		☐ Change ☐ Addition
NAME				2.21				
STREET ADDRESS	ss			2.3		STREET	ADDRESS	
CITY-ST-ZIP							31-ZIP	
TITLE				DELETE 3.1 T			- 1	☐ Change ☐ Addition
NAME					3.2 (NAME		
STREET ADDRESS	REET ADDRESS				3.3	3.3 STREET ADDRESS		
CITY-ST-ZIP					3.4	CITY - S	1-ZIP	
TITLE				OELETE	4.1	TITLE	1	Change Addition
NAME					4. 2	NAME		
STREET ADDRESS					4.3 5	STREET	ADDRESS	
CITY-ST-ZIP						CITY-S	I - ZIP	
TITLE				DELETE		TITLE		Change Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				The section of		CITY-S	- ZIP	
TITLE				☐ DELETE		MLE		☐ Change ☐ Addition
NAME					621	AME		
STREET ADDRESS					635	STREET	ADDRESS	
CITY-\$T-Z#P			T is . 25		640	CITY-S	-ZIP	

r nereby 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 supplieriental 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.