

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

FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000056664 (1)

1. Corporation Name  
WEST SUNRISE GROCERY & RESTAURANT, INC.

Principal Place of Business  
2930 WEST SUNRISE BLVD.  
FORT LAUDERDALE FL 33311

Mailing Address  
2930 WEST SUNRISE BLVD.  
FORT LAUDERDALE FL 33311-5635



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0710667		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCALLA, GRESHAM 2930 WEST SUNRISE BLVD. FORT LAUDERDALE FL 33311				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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 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 qualified to perform the duties of, Section 607.0505, Florida Statutes.

SIGNATURE: GRESHAM E. MCCALLA  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	SECRETARY AND TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	ERROL M. LEWIS
STREET ADDRESS		13 STREET ADDRESS	2930 WEST SUNRISE BLVD.
CITY-ST-ZIP		14 CITY-ST-ZIP	FORT LAUDERDALE FL. 33311
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	IDA J. DUNCAN-LEWIS
STREET ADDRESS		23 STREET ADDRESS	2930 WEST SUNRISE BLVD.
CITY-ST-ZIP		24 CITY-ST-ZIP	FORT LAUDERDALE FL. 33311
TITLE	<input type="checkbox"/> DELETE	31 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	GRESHAM E. MCCALLA
STREET ADDRESS		33 STREET ADDRESS	2930 WEST SUNRISE BLVD.
CITY-ST-ZIP		34 CITY-ST-ZIP	FORT LAUDERDALE FL. 33311
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: [Signature] 3/14/97 9:44 AM 1281

CR2E034 (9/96)