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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600058267

KWIK STOP #2505 BRADENTON INC.

· ·					
Principal Place	of Business	Mailing Address	•	* 100(100) 110 (B) # 5(1)(\$4(1) \$8(1) \$8(1)	
2505 26 AVE WEST 2505 26 AVE WEST BRADENTON FL 34207 BRADENTON FL 34207				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed 07/11/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0678095	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	.8. This corporation owes the current year Ir	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current		81 Name	10. Name and Address of New Registered	
ICI AI	M, AMINUL	had the state of the state of the			
2809	26TH ST W #12	200 1. 54		Iress (P.O. Box Number is Not Acceptable)	- 113 - 115 115 - 110 1531 - 155
BRAL	DENTON FL 34205		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apport	f changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	uthorized by the corporat	ion's board of directors. I hereby accept the appo	antment as registered
		inns of Sacilon 607.0303. Flu	inda Statutes.		· · · · · · · · · · · · · · · · · · ·
	m ramiliar with, and accept the obligati	ions of, Section 607.0505, Fio	onda Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent		: Registered Agent signature requir	red when reinstating), : : : DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE	Registered Agent signature requirements	ned when reinstating): ١٠٠٠٠٠٠ DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and titte if applicable. (NOTE	13.	red when reinstating), : : : DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD ISLAM, AMINUL	t and title if applicable. (NOTE	: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME	ned when reinstating): ١٠٠٠٠٠٠ DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

2809 26TH ST W 410

1-13-99

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90020 041 ***150.00

941-755-8503