


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

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90036 018 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000068362

1. Corporation Name  
AMIER MARKET, INC.

Principal Place of Business 810 W 5TH STREET LAKELAND FL 33805	Mailing Address 810 W 5TH STREET LAKELAND FL 33805
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/16/1996		4. FEI Number 65-0702132 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SALEH, BASSAM J 4350 W KENNEDY BLVD #8 TAMPA FL 33609				10. Name and Address of New Registered Agent 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, 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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE P ABDELBAQI, YOUSEF E <input type="checkbox"/> DELETE						1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME 205 W ML KING BLVD #204						1.2 NAME					
STREET ADDRESS TAMPA FL 33603						1.3 STREET ADDRESS					
CITY-ST-ZIP						1.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE						2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						2.2 NAME					
STREET ADDRESS						2.3 STREET ADDRESS					
CITY-ST-ZIP						2.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE						3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY-ST-ZIP						3.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE						4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY-ST-ZIP						4.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE						5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY-ST-ZIP						5.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE						6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-ST-ZIP						6.4 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.

SIGNATURE SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 941-603-0809  
Date Daytime Phone #

CR2E034 (11/98)