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 # P96000089664 (2)

MANAL FOOD MART, INC.

Principal Place of Business	Mailing Address	Mailing Address		p and samme and source meat annet dotte botte maile a	1401 16 10 116 16 1611 1610 17 16 16 16 16 16 16 16 16 16 16 16 16 16
608 N. MASSACHUSETTS AVENUE		608 N. MASSACHUSETTS AVENUE			
LAKELAND FL 33801	LAKELAND FL 33801			DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				10/29/1996	
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	26			59-3410223	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Countr	у —	8. This corporation owes or has paid the	
24 25	29	30		Personal Property Tax due June 30.	Yes No
g. Name and Address	of Current Registered Agent		T	10. Name and Address of New Registers	ed Agent
rahman, raia		81	Name		
7821 PLANTATION BOULE MIRAMAR FL 33023	VARD	82	Street Add	fress (P.O. Box Number is Not Acceptable)	
MIRVAMAN FL 33023		83	ļ		
		84	City		85 Zip Code
				F	L
 Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept 	s 607.0502 and 607.1508, Florida Statu the State of Florida. Such change was the obligations of, Section 607.0508, F	ites, the abov authorized b lorida Statute	e-named corp y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE					
Signature, typed or printed name of r	egistered agent and title if applicable. (NO CERS AND DIRECTORS		ent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PVST	DELETE	13.	 -	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME RAHMAN, RAIA		1.2 NAME	}		
STREET ADDRESS 7821 PLANATION BO	I II FVARD		T ADDRESS		
CITY-ST-ZIP MIRAMAR FL 33023		1.4 CITY-1			
TITLE D	DELETE	2.1 TITLE			Change Addition
NAME RAHMAN, RAIA		2.2 NAME			
STREET ADDRESS 7821 PLANATION BO	ULEVARD	2.3 STREE	T ADDRESS		
CITY-ST-ZIP MIRAMAR FL 33023		2. 4 CITY-	1		
TITLE	☐ DELETE	3.1 TITLE		<u> </u>	Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET	r address		
CITY-ST-ZIP		4.4 CITY-5	ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME	}		}
STREET ADDRESS		5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 CITY - S	ST-ZIP		
TITLE	DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME	1		ĺ
STREET ADDRESS		6.3 STREET	ADDRESS		
City-St-7iP		6.4 C/TY - 9	T-7IP		

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 of 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, on an attachment with an address.

FILED

Feb 23 1998 8:00am

Secretary of State