Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90258 034 ***150.00

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 # P96000101540

1. Corporation Name

MARY'S	FOOD MART, INC.		-) 			
	·									
Principal Place of Business Mailing Address							[(] 		ii a lâik \$81) (90)	
10476 TAFT ST. PEMBROKE PINES FL 33026 10476 TAFT ST. PEMBROKE PINES FL 33026						DO NOT WRI	TE IN THIS :	SPACE		
	•		٠			3. Date Incorporated or Qualifed		<u> </u>		i
						12/17/1996				
Principal Place of Business 2a. Mailing Address						4. FEI Number			oplied For	l
21	26					65-0713354			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional	
22 27						G. Colimonic of Charles Decirio			Required	i
City & State City & State				6. Election Campaign Financing					May Be	ĺ
23 28			Country		<u></u>	Trust Fund ContributionAdded to Fees				
	,			,				□No		
24	9. Name and Address of Current Registered Agent					Personal Property Tax. 10. Name and Address of New F	Registered A			l
9. Name and Address of Current Registered Agent						To: Halle and Address of Hotel				ĺ
AL-DHAHI, MAAN										
10476 TAFT ST.				Street	Addres	ss (P.O. Box Number is Not Accepta	able)			l
PEMBROKE PINES FL 33026			83	 				 -		ı
1				ļ						ı
	•		84	City			FL	85 Zir	Code	l
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ation submits this statement for the 's board of directors. I hereby accept	nurnose of o	changing i	ts registered registered	
SIGNATURE	Clausius Asset or oriented pages of registered agent	and this if conlicable (NOTE: Re	enistered Ana	at signature re	equired v	when reinstating)	DATE			ĺ
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-			- Congression of	oquou .	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12	
TITLE	D DELETE			13. 4.1 TITLE				Change	a ☐ Addition	
NAME	•		1.2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				1,4 CITY-ST-ZIP						
TITLE			2.1 TITLE					Change	e	
NAME				2.2 NAME						
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP	DELICATION OF THE PROPERTY OF			ST-ZIP	l					1
Time ====			3:1 TITLE		-			- El Cheng	Addition	=
NAME			3.2 NAME							{
STREET ADDRESS			3.3 STREE	TADDRESS						ĺ
CITY-ST-ZIP		· 34.0		3.4. CITY-ST-ZIP		_				1
TITLE			4.1 TITLE		<u> </u>			Change	e 🔲 Addition	
NAME			4. 2 NAME							
STREET ADDRESS	ADDRESS:		4.3 STREE	4.3 STREET ADDRESS						ĺ
CITY-ST-ZIP				ST-ZIP						ı
TITLE	DELETE 5.1 TI							Change	e 🔲 Addition	l
NAME			5.2 NAME							
			5.3 STREE	TADDRESS					1	l
CITY-ST-ZIP				T-ZIP						

CITY-ST-ZIP 14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition