

9231999-90001-009-\$150.00-\$150.00

999.

AMOUNT DUE ON OR BEFORE 08/15/99: \$500 (IF UNPAID), MINIMUM AMOUNT DUE TO FILING IS: \$100.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 NOV -5 PM 12:53

DOCUMENT # P97000007892

1. Corporation Name FOOD WAY MARKET CORPORATION



Principal Place of Business 470 FISHERMAN ST. OPALOCKA FL 33054

Mailing Address 470 FISHERMAN ST. OPALOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0757658

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

ABBADI, TALEB 470 FISHERMAN ST. OPALOCKA FL 33054

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when withdrawing

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD 1.2 NAME ABBADI, TALEB M 1.3 STREET ADDRESS 470 FISHERMAN ST. 1.4 CITY-STATE-ZIP OPALOCKA FL 33054

1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-STATE-ZIP

1.9 TITLE 2.0 NAME 2.1 STREET ADDRESS 2.2 CITY-STATE-ZIP

2.3 TITLE 2.4 NAME 2.5 STREET ADDRESS 2.6 CITY-STATE-ZIP

2.7 TITLE 2.8 NAME 2.9 STREET ADDRESS 3.0 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

3.5 TITLE 3.6 NAME 3.7 STREET ADDRESS 3.8 CITY-STATE-ZIP

3.9 TITLE 3.10 NAME 3.11 STREET ADDRESS 3.12 CITY-STATE-ZIP

3.13 TITLE 3.14 NAME 3.15 STREET ADDRESS 3.16 CITY-STATE-ZIP

3.17 TITLE 3.18 NAME 3.19 STREET ADDRESS 3.20 CITY-STATE-ZIP

3.21 TITLE 3.22 NAME 3.23 STREET ADDRESS 3.24 CITY-STATE-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 attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/99

Daytime Phone #

CR21034 (5/99)

10/21/99

To: DEPARTMENT OF STATE

Subject: FOODWAY MARKET CORPORATION
1999 ANNUAL REPORT.
P97000007892

In response to your letter dated September 24, 1999 please be advise, that we hereby received the first version of the annual report and as result when we received the second version of the annual report we called your department and they told us to send it with the ORIGINAL fee of \$150⁰⁰, in view of this our corporation should be RE-instated.

Sincerely yours
~~TALIB M. ARDIA DI~~
FOODWAY MARKET CORPORATION