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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90122 030 ***150.00

DOCUMENT # P97000012026

JRB CONVENIENCE STORE, INC.

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Principal Place	e of Business	Mailing Address				1 18811981 118 1811 (BBI) FAII	ı seni se ili se il	it 17878 IERT 881)	
660 LINTON BLVD 660 LINTON BLVD									
SUITE 115 SUITE 115						חט אוטד א	VRITE IN THI	S SPACE	
DELRAY BEACH FL 33062 DELRAY BEACH FL 33062		DELRAY BEACH FL 33062			3 Doto	Incorporated or Qualit			
					02/	05/1997		- 	
2. Principal P	lace of Business	2a. Mailing Address				Number			oplied For
21		26			65-	0726410			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certi	ifcate of Status Desired	. .		Additional equired
22		27							<u> </u>
City & State	l e	City & State				tion Campaign Financi	ng 🗆		May Be to Fees
23	Country	28 Zip	Country			t Fund Contribution corporation owes the	· ·		101 663
Zip			_ `		1	corporation owes the conal Property Tax.	current year n	∏ Yes	□No
24	25 9. Name and Address of Curren		<u>''</u>			ne and Address of Ne	w Registered		
 	J. Isame and Address of Culter	e vediarerea cident	81	Name					
KHA	in, Bintu							٠.	
	NE 25TH AVE		82	Street A	Address (P.O. B	lox Number is Not Acc	eptable)		
	MPANO BEACH FL 33062		83			- /-			
			L						
			84	City			FI	85 Zip	Code
44 Durawant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	e-named o	cornoration sub-	mits this statement for	the numose c	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and compute obliga	of Florida. Such change was aut	horized by	the corpo	ration's board o	of directors. I hereby ac	cept the appo	ointment as re	egistered
agent. I a	m familiar with, and eccept the obliga	itions of, Section 607.0505, Florid	ia Statutes						
t .						•			
SIGNATURE	A.A.					•	DATE		
SIGNATURE	Signature, typed or partical name of registered age	nt and title if applicable. (NOTE: R			quired when reinstati	ng)	DATE		
SIGNATURE	Signature, typed or partice name of registered age OFFICERS AN		egistered Ager		quired when reinstati	•	DATE		
SIGNATURE 12. TITLE	Signature, typed or increase name of registered age: OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Ager		quired when reinstati	ng)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signal Typed or Membraine of registered age OFFICERS AN DP ZOWADER, MOHAMED R	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME		quired when reinstati	ng)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN DP ZOWADER, MOHAMED R 1000 NE 24TH ST	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature rea	quired when reinstati	ng)	DATE	ND DIRECTO	ORS IN 12
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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:

