

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013964

1. Corporation Name

PHOENIX GROCERY & DELI, INC.

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Principal Plac	ce of Business	Mailing Address			ABIBS 11888 11115 18116 21111 6161 1661
2305 GULF BLVD INDIAN ROCKS BEACH FL 33785 2305 GULF BLVD INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785					
			785		
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed 02/10/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3432024	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Cization Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	o <u> </u>	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	ered Agent
	44 OLU IDDALUM C		81 Name		
HAMAOUI, IBRAHIM S		82 Street	Address (P.O. Box Number is Not Acceptable)		
	5 GULF BLVD				
į ind	IAN ROCKS BEACH FL 33785		83		
			94 65		85 Zip Code
			84 City		FL S Z D OOL
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obligation	e of Florida. Such change was auti	horized by the corp	I corporation submits this statement for the purpor coration's board of directors. I hereby accept the a	se of changing its registered appointment as registered
office or	registered agent, or both, in the State am familiar with, and accept the obligate.	e of Florida. Such change was auti ations of, Section 607.0505, Florid	horized by the corp la Statutes.	corporation submits this statement for the purpo- poration's board of directors. I hereby accept the a required when reinstating)	appointment as registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age	e of Florida. Such change was auti ations of, Section 607.0505, Florid	horized by the corp la Statutes.	oration's board of directors. I nereby accept the a	TE
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90012 033 ***300.00

Change

CR2E034 (11/98)

Addition