

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 APR -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016224 (2)
1. Corporation Name
AFRIKANA FOOD, INC.



Principal Place of Business: 4004 WEST JACKSON BLUFF ROAD TALLAHASSEE FL 32304
Mailing Address: 4004 WEST JACKSON BLUFF ROAD TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 02/20/1997

4. FEI Number: 59-3428306

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: EGBERONGBE, OLAJIDE, 3502 CRAWFORDVILLE ROAD, TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent: TITILAYO SHOLAJA, 3502 CRAWFORDVILLE ROAD, TALLAHASSEE FL 32310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: T. Sholaja 4/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D EGBERONGBE, OLAJIDE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	OLAJIDE DELPHINE X. EGBERONGBE
NAME	EGBERONGBE, OLAJIDE	1.2 NAME	
STREET ADDRESS	1218 HIDDEN PLACE	1.3 STREET ADDRESS	1731 INDIANA TOWN LANE
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D EGBERONGBE, TITILAYO <input type="checkbox"/> DELETE	2.1 TITLE	TITILAYO SHOLAJA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGBERONGBE, TITILAYO	2.2 NAME	
STREET ADDRESS	1218 HIDDEN PLACE	2.3 STREET ADDRESS	5817 EUNICE COURT
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D EGBERONGBE, TAIWO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	EGBERONGBE, TAIWO	3.2 NAME	
STREET ADDRESS	1813 JACKSONBLUFF ROAD, A15	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	900002478579 <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	-04/03/98--01032--002
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 an attachment with an address.

SIGNATURE: T. Sholaja 4/3/98

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