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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000016230 (9)**

1. Corporation Name  
**LAGOS FOOD STORE, INC.**

Principal Place of Business <b>3502 CRAWFORDVILLE ROAD TALLAHASSEE FL 32310</b>	Mailing Address <b>3502 CRAWFORDVILLE ROAD TALLAHASSEE FL 32310</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>02/20/1997</b>	4. FEI Number <b>59-3224783</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>EGBERONGBE, OLAJIDE 3502 CRAWFORDVILLE ROAD TALLAHASSEE FL 32310</b>	10. Name and Address of New Registered Agent 81 Name <b>TITILAYO SHOLAJA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3502 CRAWFORDVILLE Rd.</b> 83 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32310</b>
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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. Shokaj** 4/3/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGBERONGBE, OLAJIDE</b> <b>1218 HIDDEN PLACE</b> <b>TALLAHASSEE FL 32304</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<del><b>OLAJIDE</b></del> <b>DELPHINE EGBERONGBE</b> <b>1731 INDIANA TOWN LANE</b> <b>TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGBERONGBE, TITILAYO</b> <b>1218 HIDDEN PLACE</b> <b>TALLAHASSEE FL 32304</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TITILAYO SHOLAJA</b> <b>5217 EUNICE COURT</b> <b>TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGBERONGBE, TAIWO</b> <b>1831 JACKSON BLUFF ROAD, A15</b> <b>TALLAHASSEE FL 32304</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>A. Alan</b> <b>4/3/98</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>6000024785</b> <b>04/03/98-01092-001</b> <b>***150.00 ***150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Shokaj** 4/3/98

CR2E0340097