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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017853 (7)

T & M QUALITY MARKET INC.

Principal Place of Business Mailing Address

2327 9TH ST S
ST PETERSBURG FL 33705

Mailing Address

2327 9TH ST S
ST PETERSBURG FL 33705

FILED
May 08 1998 8:00am
Secretary of State

- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		01 7 2 12 11 00 01 1	91 / C. (S. (100 O)   C. (100 O)			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/21/1997			
21	. Principal Place of Business	<u>├</u>	28, Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 7.2 P.C.7 Applied For	Applied For Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #,				5. Certificate of Status Desired S8.75 Additional Fee Required			
23	City & State	City & State	├─ <b>┐</b> ′			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	+++++++++++++++++++++++++++++++++++		
24	Zip Country 25	7(p)	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g. Name and Address o	Current Registered Agent		ĺ	10. Name and Address of New Registered Agent				
	SAID, TAREK			81	Name				
	2327 9TH ST S ST PETERSBURG FL 33705				Street Address (P.O. Box Number is Not Acceptable)				
	22.2.2.2.00			83					
				84	City	85 Zip Code			

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.

agent. i a	m temmar with, and accept the colligations of, s	section 607.0505, FIO	riga Statutes.				
SIGNATURE	Signature typed or printed harm of requirered agent and title if a	ncecable. (NOTE	Registered Agent signature require	ed when reinslating)	DATE		
12. OFFICERS AND DIRECTORS			13.		S/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TOTLE		Change	Addition	
NAME	SAID, TAREK		1.2 NAME				
STREET ADDRESS	6350 20TH ST S		1.3 STREET ADDRESS			*	
CITY-ST-ZIP	ST PETERSBURG FL 33712		1.4 CITY - ST - ZIP				
TITLE	V	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	JABER, MUHAMAD		2.2 NAME				
STREET ADDRESS	10775 VILLAGE CLUB CIR #206		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33716		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	51 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-\$1-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition	
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.

CIGNATURE:

4/20/98 1813)821-3068