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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGOGOG

1. Corporation	A FOOD STORE, INC.	JU20090						
Principal Place of Business Mailing Address						't 10011000 210 18113 10031 00311 00111 00111 00111	. LI S LI BR TI BR TI	
1201 SUNSET POINT RD CLEARWATER FL 34615 1201 SUNSET POINT RD CLEARWATER FL 34615						, ,		
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/27/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	Applied For
21		26				59-3428784		lot Applicable
Suite, Apt.	#, etc.	— — · · ·	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22 City & Stat	ro .		City & State			6. Election Campaign Financing	-~\$5:00) May Be
23		— ´	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip		Country	-	8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	No
<u></u>	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name	,		
	ARI, JAWAD			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		·
1201 SUNSET POINT RD			Щ					
CLE	ARWATER FL 34615			83				
				84	City		85 Zip	Code
					•	prporation submits this statement for the purpose of		
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change gations of, Section 607.05	e was author 605, Florida S	Statutes.	ine corpora	ation's board of directors. I hereby accept the appropriate of the state of the sta	intment as r	registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P	☐ DEL	ETE 1	t TITLE			☐ Change	e
NAME	BAYARI, JAWAD		1	.2 NAME				
STREET ADDRESS	1201 SUNSET POINT RD		1	I.3 STREET	ADDRESS			. [
CITY-ST-ZIP	CLEARWATER FL 34615		1	I.4 CITY-ST	-ZIP		1	
TITLE		☐ DEL	ETE 2	2.1 TITLE			Change	Addition
NAME			2	2.2 NAME				
STREET ADDRESS			2	2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP				4 CITY-S	T-ZIP			
TITLE		☐ DEF	ETE 3	3.1 TITLE	-	e e e e emeno de esta e e esta e esta.	Change	Addition
NAME			3	B.2 NAME				
STREET ADDRESS			3	3.3 STREET	ADDRESS	•		j
CITY-ST-ZIP				3.4. CITY-S	T-ZIP		☐ Change	e Addition
TITLE		☐ DEL		1.1 TITLE			□ Ouguge	. Caragoon
NAME				1. 2 NAME	4DDD500			
STREET ADDRESS				3.3 STREET	į			
CITY-ST-ZIP		☐ DEL		1.4 CITY-ST 5.1 TITLE	-ZIP		Change	e Addition
TITLE				5.2 NAME				
NAME CTREET ADDRESS				3.3 STREET	ADDRESS			ł
STREET ADDRESS				5.4 CITY-ST		·		ļ
CITY-ST-ZIP TITLE		DEL		6.1 TITLE	+		☐ Change	Addition
	1			CHARGE			_ •	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR