## 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** # P97000029148 (8)

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**FILED** Feb 13 1998 8:00am Secretary of State

	S MINI MART, INC.	Mailing Address			
ł '		Mailing Address			
36255 EAST STATE ROUTE 70 P.O. BOX 555 MAYAAKA CITY FL 34251 MAYAAKA CITY FL 34251					
MATANA OTT TE SAEST		MATARA OIT FE STEET		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/31/1997	
	Place of Business	2a. Mailing Address		4. FEI Number 65-0664951	Applied For
Suite, Apt	# otc	Suite, Apt #, etc.		65-0667151	Not Applicable
22	<b>,</b> 0.0.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	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 or has paid the curre	
24	25	29	30		Yes 🔽 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	lgent
	NARAMONTE, DAVID A		81 Name		
36255 EAST STATE ROUTE 70			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
MAYAAKA CITY FL 34251					
			83		
			84 City		85 Zip Code
44.0	10 ( 007 010			FL	<u> </u>
office or ragent La	to the provisions of sections do 7.000 registered agent, or both, in the State irm familiar with, and accept the obligation familiar with accept the obligations.	2 and 607, 1508, Florida Statute of Florida. Such change was a alions of, Section 607,0505, Flo	es, the above-hamed co authorized by the corpol orida Statutes.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	changing its registered pintment as registered
SIGNATURE.	Signature, typed or printed name of registered age	or and title diapplicable (NOTE	Registered Agent signature rea	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE .	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	CHIARAMONTE, DAVID A		1.2 NAME		
STREET ADBRESS	36255 EAST STATE ROUTE 7	0	1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYAAKA CITY FL 34251	T DELETA	1.4 CITY-ST-ZIP		
TITLE	D D	☐ DELETE	2.1 TITLE	•	Change Addition
NAME	CHIARAMONTE, JUDITH	•	2.2 NAME		
STREET ADDRESS	36255 EAST STATE ROUTE 7	U	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MAYAAKA CITY FL 34251	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		C Deceie	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		<u> </u>	4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5. TITLE		☐ Change ☐ 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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6 3 STREET ADORESS

5.4 CITY - ST - ZIP

DELETE

SIGNATURE:

Addition