

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000035642 (2)**

1. Corporation Name

ANWAR CORP.



Principal Place of Business

**2149 N.E. 48TH STREET
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2149 N.E. 48TH STREET
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1997	
21		26		4. FEI Number 65-0745315	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

**POWER, ALEX
2149 N.E. 48TH STREET
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	STOP N SHOP
NAME	POWER, ALEX	1.2 NAME	2149 NE 48TH STREET
STREET ADDRESS	P.O. BOX 2745	1.3 STREET ADDRESS	LIGHTHOUSE POINT,
CITY-ST-ZIP	BOCA RATON FL 33427	1.4 CITY-ST-ZIP	FL 33064
TITLE	DV	2.1 TITLE	STOP N SHOP
NAME	FARES, NAFEZ	2.2 NAME	2149 NE 48TH STREET
STREET ADDRESS	P.O. BOX 4718	2.3 STREET ADDRESS	LIGHTHOUSE POINT,
CITY-ST-ZIP	FORT LAUDERDALE FL 33338	2.4 CITY-ST-ZIP	FL 33064
TITLE	DT	3.1 TITLE	STOP N SHOP
NAME	KHALID, RIYAD T	3.2 NAME	2149 NE 48TH STREET
STREET ADDRESS	3000 E. SUNRISE BLVD, #6E	3.3 STREET ADDRESS	LIGHTHOUSE POINT,
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	FL 33064
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

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:

[Signature]

CR2E034 (10/97)