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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053824

N & S QUICK STOP GAS FOOD MART(S) INC

Principal Place of Business								
2250 SOUTH	RIDGE WOOD							

Mailing Address

2250 SOUTH RIDGE WOCD SOUTH DAYTONA FI 32119

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90288 044 ***150.00



SOUTH DATTOR	UIT DATIONA PE 32119 SOUTH DATIONA TE 32113		DO NOT WRITE IN THIS SPACE					
					3. Date incorporated or Qualifed 06/18/1997			
2. Principal Pl	lace of Business	2a. Mailing Address	c A in	2-2-2	4. FEI Number		App	lied For
	ASTONIA	2a. Mailing Address 9 2 50	· 3. 121,0	Ave.	59-3460065		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State	e	·		f 1 /	6. Election Campaign Financing		\$5.00	Aav Be
23	SDASTONA	City & State	only -(7 .	Trust Fund Contribution		Added to	•
~~		Zip 32119	Country /	10/450	8. This corporation owes the curre	ent vear n	tangible	
Zip 3;1/	19 JE VOJUSIA	29 30	ล	, - , - ,	Persor al Property Tax.	unit y 0 un 11		IJNo
	9. Name and Address of Current	. <u> </u>	1		10. Name and Address of New R	legistered	Agent	
	3, Hallie and Address of Carrett	Trogioto du A	81 N	ame		<u> </u>		
KUM	AR, BINOD							
1213 S BEACH ST #1048			[82] S	treet Acdres	ss (P.O. Box Number is Not Accepta	ible)		
	TONA BEACH FL 32114		83					
UF.II	TONA DEACHTE 32114		83					
			84 C	ity		Fl	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes,	the above-na	med ccrpor	ration submits this statement for the	purpose of	changing its	gistered
office or n	registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was สนโก	iorized by the	corpore tion	i's board of cirectors. I hereby accep	it the appo	intment as reg	istered
SIGNATURE	Signature, typed or printed na ne of registered agen	and title if applicable. (NOTI :: Re	gistered Agent sign	nature required v		DATE		
12.	OFFICERS AN	DIRECTORS	13.		ADDITICINS/CHANGES TO OF	FICERS //		
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	BINOD KUMAR		1.2 NAME	ļ				
STREET ADDRESS	1213 S BEACH ST #1048		13 STREET ADD	RESS	•			
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1,4 CITY-ST-ZIP	,				
TITLE	CHAS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	NEELUM SMARMA SIZAR	MA.	2.2 NAME					
	1207 S BEACH ST #2014	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23 STREET ADD	ADEGC				
STREET ADDRESS								
CITY-ST-ZIP	DAYTONA BEACH FL 32114	DELETE	2.4 CITY-ST-ZII	- -			Change	Addition
TITLE		□ OFFETE						
NAME			3.2 NAME					
STREET ADDRESS			33 STREET ADD	l l				
CITY-ST-ZIP			3.4. CITY-ST-ZI	P			Channe .	D Addition
TITLE		☐ DELETE	4.1 TITLE	- 1			Change	☐ Addition
NAME			8	1				
			4, 2 NAME					
STREET ADDRESS			4.2 NAME 4.3 STREET ADD	DRESS				
STREET ADDRESS				Ť				
		☐ DELETE	4.3 STREET ADD	Ť			☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	4.3 STREET ADD	Ť			☐ Change	Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STREET ADD 4.4 CITY-ST-ZIF 5.1 TITLE				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADD 4.4 CITY-ST-ZIF 5.1 TITLE 5.2 NAME	DRESS			☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE			4.3 STREET ADD 4.4 CITY-ST-ZIF 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIF 6.1 TITLE	ORESS ORESS				

indicate i on this annual report of 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR