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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067077 (2)

DEV FOOD MART, INC.

FILED Jul 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 701 SOUTH MAIN ST 701 SOUTH MAIN ST WILDWOOD FL \$4785 WILDWOOD FL 34785 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 650 77 56 42 Not Applicable 21 26 Suite, Apt. #, etc Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Žφ Country 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PATEL JITENDRA J Name 701 SOUTH MAIN ST 82 Street Address (P.O. Box Number is Not Acceptable) WILDWOOD FL 34785 83 84 City Zip Code 85 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 typed or prefed name of registered agent and little diapple, able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change TETLE 11111111 PATEL, JITENDRA J 1.2 NAME 2932 S COMBEE RD STREET ADDRESS 1.3 STREET ADDRESS EATON PARK FL 33840 CITY-ST-ZIP 1.4 CITY - ST - 7JP DELFTE 21 TITLE Change Addition TITLE PATEL, DARSHANA J NAME 2.2 NAME 2932 S COMBEE RD STREET ADDRESS 2.3 STREET ADDRESS **EATON PARK FL 33840** CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE 3 I THUE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREEL ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 THILE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST ZIP DELETE Change Addition TITLE 51 THEF 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETL Change Addition TITL€ 61 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 offect 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.

6/17/92