## 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 # P97000098666 (5)

QUICK MART INVESTMENT, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
10809 NORTH 56TH STREET TAMPA FL 33617		10609 NORTH S6TH STREET				
		TAMPA FL 33617			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
1					11/19/1997	- 1
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	r
21		26			59-3478337 Not Applica	ablø
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution Added to Fees	
Zip	Country	Ζφ	Country		8. This corporation owes or has paid the current year Intangible	
24	[25]	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Hegistered Agent	
	RILAWYER		0'	INATIO		İ
1	ALMERIA AVENUE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	$\neg$
COR	AL GABLES FL 33134		83			
			000			Ì
			84	City	85 Zip Code	
7.	10-1-07	0 - 4 007 11 00 (1) 11 001			FL 63 2-p costs	
office or re	o t <b>ne</b> provisions or Sections 607.050 gi <b>stere</b> d agent, or both, in the State	z and 607.1508, Florida Statut of Florida: Such change was:	tes, the above authorized by	e-named co / the corpor	orporation submits this statement for the purpose of changing its register eration's board of directors. I hereby accept the appointment as registers	rea
agent. Lan	n familiar with, and accept the oblig	ations of, Section 607,0505, FI	lorida Statute:	3		
SIGNATURE _	Signature, typed or profed name of registerial aga	The state of the s	77		guired when reinstating) DATE	_
12.	OFFICERS AN		13.	» k signature rek	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 HTLF	·	Change Addi	ition
NAME	SALHAB, NOURULDEEN S		12 NAME	ľ		;
STREET ADDRESS	10809 NORTH 56TH STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY - S	i i		
TITLE	n	DELETE	2.1 THTLE		Change Add	ition
NAME	HASAN, ANWAR H		2,2 NAME			- 1
STREET ADDRESS	10809 NORTH 56TH STREET		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		2.4 CITY-	ST - 7IP	•	1
TITLE		DELETE	3 1 11TLE		Change Add	ition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	S1 - 2IP		J
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addi	ition
NAME			4. 2 NAME	1		
STREET ADDRESS			4,3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 City-S	T-ZIP		
TITLE		DELETE	5.1 107LE		Change Addi	ition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		)
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addi	ition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-S	T-ZIP		

I hereby certify that the information supplied with this filing closs not quality 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

MANDELL DEEN SNUAR