

04261999-90164-038-\$150.00-\$150.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90164 038 ***150.00

PROFIT-CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT# P98000009046			
1. Corporation Name SMART SHOP FOOD STORE, INC.			
Principal Place of Business 2622 AVE V NW WINTER HAVEN FL 33881		Mailing Address 2622 AVE V NW WINTER HAVEN FL 33881	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
3. Date Incorporated or Qualified 01/27/1998			
4. FEI Number 59-3488649		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent			
JOSHI, AKHIL K. 2244 CLOVER RIDGE CT EAGLE LAKE FL 33839			
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			
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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Balraj Joshi (Secretary) 04/20/99 941-967682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Phone #

CR2E034 (1/98)