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

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90074 010 ***150.00

DOCUMENT # P98000040451

DIXIE MARKET, INC.

			وأوراء والجارواء	
Principal Place of Business Mailing Address				
220 N.E. 17TH COURT 220 N.E. 17TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060			•	
				DO NOT WRITE IN THIS SPACE
			•	3. Date Incorporated or Qualifed 05/05/1998
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65 - 08 35 / 14 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
27		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 28				Trust Fund Contribution / Added to Fees
Zip Country Zip		Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent	94 Name	10. Name and Address of New Registered Agent
VAT	TAN DACHAD M		81 Name	hair M. Juma
YATAK, BASHAR M			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
220 N.E. 17TH COURT				20 NE. 17TH Cost
POR	MPANO BEACH FL 33060		83	. •
			84 City	O 85 Zip Code
			To	mpano Beach, FL FL 33060
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 actent the obtigations of Section 607.0505, Florida Statutes.				
SIGNATURE	+ los M. Heno	Khair	M. Juma	irds when reinstating) OATE
0.0147110112	Signature, typed or printed name of registered ag-			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	⊠ DELETE	1.1 TITLE	- Containing - Con
NAME	YATAK, BASHAR M		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	- January
NAME	JUMA, KHAIR M		2.2 NAME	·
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	[] or err	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS	5		3.3 STREET ADDRESS	
CITY-ST-ZIP		C perete	3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME	
STREET ADDRESS	3		4.3 STREET ADDRESS	
CITY-ST-ZIP		M not exe	4.4 C/TY-ST-Z/P	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	C Criange Mountain
NAME			5.3 STREET ADDRESS	
STREET ADDRESS	3		I i	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE	· L_1 Change L_3 Addition 1
NAME			6.2 NAME	
STREET ADDRESS	S		6.3 STREET ADDRESS	

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: