PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070844

1. Corporation Name

NATIONS MARKET, INC.

Principal Place of Business Mailing Address 12398 SW 82ND AVE 12398 SW 82ND AVE MIAMI FL 33156

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90169 014 ***150.00



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25	23		28		_		Trust Fund Contribution	Ц		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Zip	Country Zip			'n		8. This corporation owes the curre	nt year Inta	angible	
ROTH, MITCHEL W 16459 NE 6TH AVE N MIAMI BEACH FL 33162 11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 or registered agent, or both, in the State of Florida, Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered or registered agent, or both, in the State of Florida, Statutes, the appointment as registered or registered or registered or registered or registered or registered agent, or both, in the State of Florida, Statutes, the orthogonal part of registered or register	24	25	25 29 30		Personal Property Tax.			☐ Yes	□No	
ROTH, MTCHEL W 18459 NE 6TH AVE N MAMI BEACH FL 3162 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 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 agent. an imminizar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature special principles agent and size applicable. Period PERCERSAND DIRECTORS 12. Period PERCERSAND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. TITLE NAME 12. Period PERCERSAND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 12. Period PERCENSAND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 12. Period PERCENSAND DIRECTORS 13. TITLE NAME 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 13. TITLE 14. TITLE 15. TITLE		9. Name and Address of Current	Registered Agent	= $=$ $=$			10. Name and Address of New Ro	gistered /	Agent	
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 agent, a marked present agent ag	DOT	L LUTOUP M		81	1)	Name				
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### City ### FL 85 Zip Code 11. Pursuant to the provisions 607 0502 and 607.1508, Florids 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and tamiliar with, and accept the obligations of, Section 607.0503, Florida Statutes. \$IGNATURE Signaturi hype air private large and title applicable. NOTE Registered when required when reinstating)					Silect Address (F.O. Dox Natitue) is Not Acceptable)					
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridal Statutes, the above-named corporation submits this statement for the pursoes 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, 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, 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, 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, or both and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature DATE DATE DATE	NM	IAMI BEAUM FL 33162		83	3					
11. Persuant to the provisions of Sections 607 (9502 and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 (9505, Florida Statutes.) SIGNATURE SIGNATURE 12. POTECT CAST OF PICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DEL				84	4	City			85 Z	ip Code
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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 attackment with an address, with all other like empowered.

HOUSE CA RUS FONTECILLA
RETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: