## 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** 

## DOCUMENT # P98000073321 1. Corporation Name

LOTUS FOOD STORE, INC.

Principal Place of Business 5800 W STATE RD 26 TRENTON FL 32693

Mailing Address

5800 W STATE RD 26 TRENTON FL 32693

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90011 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified			
					08/21/1998			
2. Principal Place of Business 2a. Mailing Addr				Idress			4. FEI Number Applied For	
26							59 - 35 2 8 6 0 7 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired   \$8.75 Additional	
							Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
28							Trust Fund Contribution Added to Fees	
Zip	Country	Country Zip Coun			ntry		8. This corporation owes the current year Intangible	
24 25			30				Personal Property Tax.	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	
					81	Name		
SHAH, ATUL			المنصد			82 Street Address (P.O. Box Number is Not Acceptable)		
5800 W STATE RD 26						52 Street Address (F.O. Box (Address to Not Acceptable)		
TRENTON FL 32693								
					84	City	FL 85 Zip Code	
			207 4500 Florido Statutos	the 2	hove	named com		
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 a	m familiar with, and accept the obligatio	ns of	, Section 607.0505, Florida	a Stati	utes			
SIGNATURE				_				
	Signature, typed or printed name of registered agent a			_	Agen	it signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 12	
TITLE	<b>U</b>			1.1 TITLE		Change		
NAME	SHAH, ATUL		1.2 N	ME		] è		
STREET ADDRESS	5800 W STATE RD 26		1.3 \$1	REET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
CITY-ST-ZIP	TRENTON FL 32693		1.4 CITY-ST-ZIP		T- ZIP			
TITLE	D DELETE 2.1 TO		TLE		☐ Change ☐ Addition ☐			
NAME	SHAH, DIVYABALA		2.2 NAME		Ì			
STREET ADDRESS			2.3 STREET ADDRESS		T ADDRESS			
CITY-ST-ZIP	TRENTON FL 32693			2.4 CITY-ST-ZIP		ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE			☐ Change ☐ Addition		
NAME [				3.2 N	AME			
STREET ADDRESS				3351	TRÉÉ1	TADDRESS		
	•					ST-ZIP		
CITY-ST-ZIP			☐ DELETE	4.1 TI		, , - (JIF	☐ Change ☐ Addition	
TITLE				4.2N				
NAME				ł				
STREET ADDRESS						TADDRESS	•	
CITY-ST-ZIP			DELETE		TY-\$	T-ZIP	Change Addition	
TITLE			☐ DELETE	5.1 TI 5.2 N/			☐ Outlinge ☐ Modument	
NAME								
STREET ADDRESS						TADDRESS		
CITY-ST-ZIP					TY-S	T-ZIP		
TITLE			DELETE	6.1 TI			☐ Change ☐ Addition	
NAME				6.2 N	AME.			
STREET ADDRESS				6.3 \$	TREET	TADDRESS		
CITY, ST. 7IP				6.4 CI				
14. I hereby	ertify that the information supplied with	this f	filing does not qualify for th	е ехе	mpt	ion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this annual conort or supplemental a	เกกเเล	I ranget to total and accurat	na and	ma	T MV SIGNATUR	e shall have the same legal effect as if made under oath; that I am an	

indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as it made dide dail, that it and officer or director of the corporation or the receiver or frustee 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: