

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
01-19-2000 90090 022 \*\*\*150.00

DOCUMENT # P99000096185

1. Entity Name  
AAA FOOD MART, INC.

Principal Place of Business  
4148 W. KENNEDY BOULEVARD  
TAMPA FL 33609

Mailing Address  
4148 W. KENNEDY BOULEVARD  
TAMPA FL 33609-2246

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number  
59-3604642

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KHOURY, ADEL  
4148 W. KENNEDY BOULEVARD  
TAMPA FL 33609

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P.  
KHOURY, ADEL  
4148 W. KENNEDY BOULEVARD  
TAMPA FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00  
Date

(813) 286-0902  
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)