FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09470

(3)

NIKI FOOD STORE, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

			· .		
Principal Place of Business Mailing Address		Mailing Address		r ionsinin ili abile ioser negli sunii eeri eews dinii	I MINSE MINET MINIT NINES INNE
5214 SUNSHINE PKWY. 5214 SUNSHINE		5214 SUNSHINE PKWY.			
FT. PIERCE FL 34951 FT. PIERCE FL 34951			DO NOT WRITE IN THIS:	SPACE .	
			ı	3. Date Incorporated or Qualified	
1			:	10/22/1990	
	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
	OKÉECHOBÉÉ ROAD	26 14500 OKEE C	MOBEE ROAD	65-0223503	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ŗ	5. Certificate of Status Desired	\$8.75 Additional
22	11 - 47 - AMONTO C. 21 - M. 196	27	-	3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 FURT P			FLORI)A	Trust Fund Contribution	Added to Fees
Zip 24 349	Country	L Zip	Country	This corporation owes or has paid the cur	- · - ·
24 547			0		Yes ∐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATEL ASHOK P. 81 Name					
TAILL, ACTOR II.					
5214 SUNSHINE PKWY. 82 Street Address (P.O. Box Number is Not Acceptable)					
FI.	PIERCE FL 34951		83		
			63		
			84 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 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 accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature req		DIDECTORS IN 10
TITLE	DP OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	PATEL, ASHOK R.		1,2 NAME	PATEL ASHOK R	Zar Gridings Modelots
STREET ADDRESS	5214 SUNSHINE PKWY.		1.3 STREET ADDRESS	\$ 5706 PALEO PINE CIR	CLE
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP		951
TITLE		DELETE	2.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			2:2 NAME		
STREET ADDRESS			2'3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3,1 TITLE		Change Addition
NAME			3.2 NAME		· — · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5,2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST-ZIP		
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

ALLENGUE REQUIRED

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561- 865 1870