FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

S14632

(1)

DOCUMENT # S

1. Corporation Name

YOGI FOOD MART, INC.

Principal Flace of 4850 CYPRES: WINTER HAVE	Mailing Address 4850 CYPRESS GAR WINTER HAVEN FL (3. Date Incorporated or Qualified 3a. Date of Last Report				
						11/20/1990		/18/19	
. Principal Plac A	ce of Business Aのシンド	2a. Mailing Address 26 AS ABOVE			K0_2027001			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Z \wp	Country	Zip	Cour	ntry		B. This corporation has liability for i	~	under s	199.032,
	[25]	[29]	30			Florida Statutes Yes			
	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New R	egistered /	gent	
PATEL, CHANDRAVADAN				ا"	Name	N #			
	PRESS GARDENS RD.		Ī	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	HAVEN FL 32884		<u> </u>	83			·		
			}	84	City			85 Zı	p Code
				٠.	On y		FL	55 27	5 0000
LE ME REF I ADDRESS	D Patel, Chandravadan 1572 Georgetown Dr.	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADD		ADDRESS] Change	Addition
EY-ST ZIF	LAKELAND FL		1.3 ST						
LF .	DATE: MILANO	DELETE	2 1 11	TLE] Change	Addition
VE GET ADDRESS Y - S1 - ZIP	PATEL, VIHANG 1434 THOMASVILLE CIR. LAKELAND FL			ME Reet / IY-St	ADDRESS				
Lf	D	DELFTE	3 1 Ti] Change	Addition
Vf.	PATEL, UDAYGIRI		3.2 NA	ME					
FET ADDINESS	1572 Georgetown Dr. Lakeland Fl		3 3 ST	REET	ADDRESS				
) \$1-20°		□ 65(51)	3 4 0 1		-ZIP			1.05	
Lŧ	PATEL, PARIMAL	☐ DELETE	4 1 71				Ĺ] Change	☐ Addition
Mi	1572 GEORGETOWN DR.		4 2 NA		nnoecce				
HEET ADDRESS	LAKELAND FL				ADDRESS				
Y-ST-ZP		[] OELETE	4 4 CIT 5 1 Ti		- LIP		Г	1 Change	☐ Addition
ME			5 2 NA				L	, vyo	
RE: LADDRESS					ADDRESS				
Y ST-7P			54 CI						
LE		DELETE	6 1 Ti) Change	Addition
ME			6 2 NA	ME					
REET ADDRESS			6 3 ST	REET A	ADDRESS		•	•	
Y \$1-719			6.4 CIT	TY-ST	- ZIP				
certily that to oath; that I	the information indicated on this anni	ual report or supplemental ar oration or the receiver or trus	nnual report is tee empower	s true	and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal	effect as i	f made under

SIGNATURE:

DORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/56 941-325-8982

A ARRIVATA ARI NIGYI BIRIR BIRIR BIRIR YERA BIRIK BIRIR BIRIR BIRIR BIRIR BIRIR BIRIR BIRIR