

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S19230 (9)**

1. Corporation Name
A&H FOOD MARKET, INC.



Principal Place of Business
**5201 E. BUFFALO AVE.
TAMPA FL 33619-1022**

Mailing Address
**5201 E. BUFFALO AVE.
TAMPA FL 33619-1022**

3. Date of Incorporation or Qualified **12/18/1990** 3a. Date **03/27/1995**

2. Principal Place of Business
21 **5201 E. M.L.KING BLVD**
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25
2a. Mailing Address
26 **5201 E. M.L.KING BLVD**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number **59-3053089**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WON, KIM
5201 E BUFFALO AVE
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SE-JOON, LEE .
5201 E. BUFFALO AVE.
TAMPA FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PRESIDENT
KIM, WON
5201 E. M.L.KING BLVD
TAMPA, FL 33619
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)