

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S32059** (5)

1. Corporation Name  
**B & K FOOD MART, INC.**

Principal Place of Business  
**246 94TH AVE. N.  
ST. PETERSBURG FL 33702**

Mailing Address  
**246 94TH AVE. N.  
ST. PETERSBURG FL 33702**



2. Principal Place of Business  
21 **8225 4TH N.**  
State, Apt. #, et  
22 **ST. PETERSBURG FL**  
City & State  
23 **33702**  
Zip  
24 **33702** Country  
25 **Pinellas**

2a. Mailing Address  
26 **AS ABOVE**  
State, Apt. #, et  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified **02/14/1991** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3052093** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributions  **\$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  
**BHAKTA, BALDEV R.  
4530 E. COLUMBUS DRIVE  
TAMPA FL 33605**

10. Name and Address of New Registered Agent  
81 Name **N/A**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), Florida Statutes, I, the above named corporation hereby file 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 607.04(2), Florida Statutes.

SIGNATURE **N/A**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>BHAKTA, BALDEV R.</b>	
STREET ADDRESS	<b>246 94 AVE. N.</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>BHAKTA, KALAVATI B.</b>	
STREET ADDRESS	<b>246 94TH AVE. N.</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this report is a true and correct copy of the information required by Section 119.04(2)(a), Florida Statutes. I further certify that the information indicated on this report is true and correct to the best of my knowledge and belief, 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 a shareholder or trustee or provided to me by the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an affidavit.

SIGNATURE: **Baldev R. Bhakta**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

CR2E034 (12/95)