

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90018 026 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S32059

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



Principal Place of Business: 8275 4TH N. ST. PETERSBURG FL 33702 US
 Mailing Address: 246 94TH AVE. N. ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|----------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 02/14/1991 | | 59-3052093 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | | | |
| 22 | | 27 | | <input type="checkbox"/> | | | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | | | |
| 23 | | 28 | | <input type="checkbox"/> | | | | | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible Personal Property. | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | | 25 | | 29 | | 30 | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BHAKTA, BALDEV R. 246 94TH AVENUE NORTH ST. PETERSBURG FL 33702 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------|---------------------------------|---|---|--|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BHAKTA, BALDEV R. | | 1.2 NAME | | |
| STREET ADDRESS | 246 94 AVE. N. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BHAKTA, KALAVATI B. | | 2.2 NAME | | |
| STREET ADDRESS | 246 94TH AVE. N. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: Baldev R. Bhakta 7-7-99 727-576-265

CR2E034 (5/99)