

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S53122 (5)**

1. Corporation Name  
**E - Z FOOD MART, INC.**

Principal Place of Business <b>6400 INTERNATIONAL DR 435 ORLANDO FL 32819 US</b>	Mailing Address <b>6400 INTERNATIONAL DR 435 ORLANDO FL 32819 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified <b>05/16/1991</b>	3a. Date of Last Report <b>05/24/1994</b>
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4. FFI Number <b>59-9306466</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAHBA, SAMIA  
6623 THOROUGHREAD LOOP  
SUITE 1101  
ODESSA FL 33556**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATIB, RASHID A</b>	12 NAME
STREET ADDRESS <b>8481 GRANADA AVE</b>	13 STREET ADDRESS
CITY - ST - ZIP <b>ORLANDO FL</b>	14 CITY - ST - ZIP
TITLE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

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: A. Katib - Rashid Katib 4/17/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #