FILE NOW: FILING FEE AFTER MAY 1ST IS ~~$550.00~~ AMENDED

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 JUN -3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # SL14026

1. Corporation Name
4-YOU FOOD STORES, INC. a

Principal Place of Business	Mailing Address
3959 SPRINGGLEN Rd JAX·FL·32207	3959 SPRINGGLEN Rd JAX·FL·32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3959 SPRING GLEN R	2a. Mailing Address 26 3959 SPRING GLEN Rd	3. Date Incorporated or Qualifed 6-21-91	
Suite, Apt. #, etc. 22 JAX·FL 32207	Suite, Apt. #, etc. 27 JAX·FL·32207	4. FEI Number 59-3072084	Applied For Not Applicable
City & State 23 JAX·FL	City & State 28 JAX·FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32207 25	Zip / Country 29 32207 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAZEN SALLOUM TITLE: D GEORGE SALLOUM TITLE: P SALIM SALLOUM TITLE: S	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	GEORGE SALLOUM 4552 OAK BROOK CT JAX·FL·32207	☒ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition 700002510276T---2 -06/11/99--01104--005 *****61.25 *****61.25
TITLE : S NAME STREET ADDRESS CITY-ST-ZIP	SALIM SALLOUM 4552 OAK BROOK CT JAX·FL·32207	☒ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

6/9/99

SIGNATURE: [signature] MAZEN SALLOUM 6-1-99 904-7398177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #