

AMENDED
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S 69897

1. Corporation Name

PICK A DELI FOOD MARKET, INC.

Principal Place of Business

Mailing Address

1055 4 ST. S
ST. PETERSBURG, FL 33701
U.S.

1055 4 ST. S
ST. PETERSBURG, FL
U.S. 33701

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	7-31-1991	59-3079227	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	5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
24	25	29	30	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUAN MINH TRAN
1864 68 AV. N
ST. PETERSBURG, FL 33702

81 Name	CUONG VO
82 Street Address (P.O. Box Number is Not Acceptable)	1055 4 ST. S
83	ST. PETERSBURG
84 City	FL
85 Zip Code	33702

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 CUONG VO CUONG VO NOV-15-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUAN MINH TRAN	1.2 NAME	CUONG VO
STREET ADDRESS	1864 68 AV. N	1.3 STREET ADDRESS	1055 4 ST. S.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN MINH TRAN	2.2 NAME	CUONG VO
STREET ADDRESS	1864 68 AV. N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN MINH TRAN	3.2 NAME	CUONG VO
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TREASURER <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUAN MINH TRAN	4.2 NAME	CUONG VO
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	300002720493-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-12/23/98--01038--003
STREET ADDRESS		5.3 STREET ADDRESS	*****61.25 *****61.25
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: CUONG VO CUONG VO NOV-15-98 317 823-2044

APPROVED
AND
FILED

98 DEC 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/98)