FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNI	1997	Secret DIVISION O	Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
1. Corporate	MENT # S9817 an Nation # S9817 al Food Mart, Inc.	72 (7)					I CORNERA RAD COLON CICAR DURA POCACA AN	LI ele li ala k	I BABAL EKEKI BABAL I	IAA (CC)	
Enno pal Ela: 1105 CASSAT I JACKSONVILLE		Mailing Address 1105 CASSAT AVENUE JACKSONVILLE FL 3220									
							Date Incorporated or Qualified	_	Date of Last R	eporl	
2. Ponc-pal f	Place of Business	2a. Mailing Address	7		····	4, [2/03/1991 FEI Number 59-3094091	1 02	} 	oplied For	
Suite, Apt	#, £\ta	Suite, Apt. #, etc.				5. (Certificate of Status Desired		\$8.75 / Fee Re		
C ty & Sta	(f.c.	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
7 ₍₀	Country 25	Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of C						Name and Address of New F				
	ERRE, ESSA			81 82	.,	~ ~~~					
1105 CASSAT AVENUE JACKSONVILLE FL 32205					Street A	Address (P.	O. Box Number is Not Accept	able)			
	.,			83							
				84	City			F	85 Zip	Code	
i	t to the provisions of Sections 60 registered agent or both, in the am familiar with, and accept the	7.0502 and 607.1508, Florida State of Florida. Such change was obligations of, Section 607.0505,	itules, the a as authorize Florida Sta	above ed by atute:	e-named of the corps.	corporation poration's bo	submits this statement for the pard of directors. I hereby acc	purpose ept the ap	of changing it ppointment as	s registered registered	
SIGNATURE	Sugara in typica or prograf range of registo				ent signature	required when r		DATE			
12. 100	PTD	S AND DIRECTORS DELETE	13.	TITLE	т	A	DDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR Change	RS IN 12 Addition	
NAMI	ALBERRE, ESSA	had passed	1	NAME	}						
STREET ADDRESS	[* · · · · · · · · · · · · · · · · · ·		1.3	STREET	ADDRESS			,			
CO i - S1 7/2	JACKSONVILLE FL	DELETE		CITY-S	57 - ZIP				Change	Addition	
Tritt	SD Alberre, Essa	U DECEIE		TITLE NAME]				. — mange	Han WORKON	
STREET ADDRESS			1		ADDRESS						
CITY ST - Z-5	JACKSONVILLE FL		2.4	CiTY-	ST-ZIP						
TILE	VPD	DELETE		TITLE	1	SHA	LLGY, GEORS	E	Change	Addilion .	
NAME STREET ADDRESS	SHAHLY, GEORGE 1105 CASSAT AVE.			name Street	ADDRESS	-1114					
CHY SI-ZIP	JACKSONVILLE FL.				ST-ZIP						
भार	DVP	DELETE		TITLE					Change	Addition	
NAME.	SHALLEY, ABRAHAM			NAME		ĺ				ĺ	
STREET ADDRESS	1				ADDRESS	}				ļ	
GHY-ST ZIE TELF	JACKSONVILLE FL	DELETE		CITY - S TITLE	11.11	ļ		······································	☐ Change	Addition	
NAM:				NAME	[l					
STREET ADDRESS			53	STREET	ADDRESS					}	
GITY - S1 - Z3P		Deter		CITY-S	SY-ZIP	<u> </u>			7 / / / / / / / / / / / / / / / / / / /	Addition	
AME NAME		DELETE		TITLE NAME	1				Cnange	Addition [
STEEF ACCURESS					ADDRESS					ļ	
C:TY+ST-ZiP				CITY-S		(

14. Lob hereby certify that the information supplied with this f-ling 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 fam an officer or director of the composition of 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 charged or on an ayachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DE SOLUTION DE LA COMPANION DE LA COMPANION

FILED

Apr 24 1997 8:00am