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

CIGNATURE: X

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) V48019 MINI-MART FOOD STORES, INC. Principal Place of Business Mailing Address 2996 NW 55TH AVE 2996 NW 55TH AVE. LAUDERHILL FL 33313 LAUDERHILL FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0347436 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OSHINSKY, LEONARD 81 SHEHADEH LUTTE 1150 E HALLANDALE BCH BLVD Street Address (P.O. Box Number is Not Acceptable) 62 STE A 83 HALLANDALE FL 33009 84 Zip Code 3306 City CORAL SPRINGS 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 purified accept the objections of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 10gg 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SHEHADEH, LUTFI NAME 1.2 NAME CRZE034 5048 NW 59TH WAY STREET AODRESS 13 STREET ADDRESS **CORAL SPRINGS FL** 33067 CORAL CITY-ST-ZIP SPRINGS 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-7IP Addition DELETE Change TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST- ZIP CITY-ST-ZIP 14. Thereby 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 abnual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or frustee 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.

4/30/98