

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

1996 7-24-96 B- 74110 C

DOCUMENT # V56390 (0)

1. Corporation Name

FLAMINGO PARK FOOD MARKET, INC.



Principal Place of Business

Mailing Address

1801 S DIXIE HWY  
WEST PALM BCH FL 33401  
US

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WEST PALM BCH FL 33401  
US

3. Date Incorporated or Qualified: 08/03/1992  
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0350695		Applied For: <input type="checkbox"/> Not Applicable	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

BANNOURA, NORMA  
ONE S OCEAN BLVD.  
STE 320  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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

Signature typed or printed name of registered agent and title (applicant) (Title: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PTD
NAME	ZALOUDEK, LILLIAN T.	12 NAME	WALEED K GHUMRAWI
STREET ADDRESS	1049 NW 30TH CT	13 STREET ADDRESS	1015 AVIARY RD
CITY-ST-ZIP	WILTON MANORS FL 33311	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	DST	21 TITLE	
NAME	BANNOURA, NORMA	22 NAME	
STREET ADDRESS	4130 NW 10 STR.	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33445	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	BANNOURA, NASSER	32 NAME	
STREET ADDRESS	4180 NW 16TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALEED GHUMRAWI, PRES 7/18/96 561-832-9797

CF2E034 (3/96)