

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V60429** (0)

1. Corporation Name
SANFORD FOOD MART, INC.



Principal Place of Business Mailing Address
**3300 S SANFORD AVE
SANFORD FL 32773
US**

3. Date Incorporated or Qualified 08/27/1992	3a. Date of Last Report 02/03/1995
4. FEI Number 59-3139086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**PATEL, PRABODH C
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

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: *[Signature]* **2/1/96**
Separate signatures for each registered agent and director are required. (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS

12. NAME: D PATEL, VIRU	<input type="checkbox"/> DELETE
12. STREET ADDRESS: 930 ALAMEDA DRIVE	
12. CITY-ST-ZIP: LONGWOOD FL	
12. NAME: P PATEL, DILIP	<input type="checkbox"/> DELETE
12. STREET ADDRESS: 3871 KINGSTON OAKS COVE	
12. CITY-ST-ZIP: OVIEDO FL	
12. NAME:	<input type="checkbox"/> DELETE
12. STREET ADDRESS:	
12. CITY-ST-ZIP:	
12. NAME:	<input type="checkbox"/> DELETE
12. STREET ADDRESS:	
12. CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 1.2 NAME	
13. 1.3 STREET ADDRESS	
13. 1.4 CITY-ST-ZIP	
13. 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 2.2 NAME	
13. 2.3 STREET ADDRESS	
13. 2.4 CITY-ST-ZIP	
13. 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 3.2 NAME	
13. 3.3 STREET ADDRESS	
13. 3.4 CITY-ST-ZIP	
13. 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 4.2 NAME	
13. 4.3 STREET ADDRESS	
13. 4.4 CITY-ST-ZIP	
13. 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 5.2 NAME	
13. 5.3 STREET ADDRESS	
13. 5.4 CITY-ST-ZIP	
13. 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 6.2 NAME	
13. 6.3 STREET ADDRESS	
13. 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DILIPKUMAR D. PATEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/1/96**
 Disting. Phone #

CR2E034 (12/95)