

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61729**

(2)

1. Corporation Name

PATCO FOOD MART INC.



Principal Place of Business

**4805 PALMETTO AVE.
WINTER PARK FL 32792
US**

Mailing Address

**4805 PALMETTO AVE
SUITE 4
WINTER PARK FL 32792
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

**PATEL, NAYNA
2345 E. MICHIGAN AVENUE
SUITE 4
ORLANDO FL 32806**

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 609.01 and 609.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 607.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PATEL, NAYNA	
STREET ADDRESS	2345 E. MICHIGAN AVE #4	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.01(4)(b), 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, partner, officer or trustee, and am authorized 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAYNA C. PATEL 3-11-96 (407) 657-4043

CR2E034 (12/95)