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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

E-Z FOOD MART & DELI, INC.

FILED	
Aug 26 1998 8:00am	l
Secretary of State	



Principal Place of Business Mailing Address						- I TOBRI OMERI IDETI DETIO ISLOT OLILO DILI OTDII DIDIA DIDIX DIDIX DIDIX DIDIX DIDIX DIDIX DIDIX DIDIX DIDIX			
·		1805 E. SEMORAN BLV	MORAN BLVD.						
APOPKA FL 32703		APOPKA FL 32703			DO NOT WRITE IF	1 THI <b>C C</b> DACE			
					3. Date Incorporated or Qualified	THIS SPACE			
					10/14/1992				
2. Principal Pla	oe of Business	2a. Mailing Address			4. FEI Number		plied For		
21		26			59-3145915		t Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				\$8.75	Additional		
22	27			5. Certificate of Status Desired	Fee Re				
City & State	City & State	.,,		6. Election Campaign Financing	\$5.00	May Bo			
23		28			Trust Fund Contribution	Added	to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid				
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 3  10. Name and Address of New Regi		No		
O. 6	<del></del>	it uadistatan waant		B1 Name					
	TEINETT, ZIAD A.		į		QUTTEINEH AYMA				
	S E. SEMORAN BLVD PKA FL 32703			82 Street A	Address (P.O. Box Number is Not Acceptable	_vD_			
APU	PNA FL 32/03		ŀ	83 , 5	DO E. SEMURAN B	_v <u>/</u>			
			L						
				B4 City	APOPKA	FL 85 Zip 32	Code		
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes the ab	ove-named	corporation submits this statement for the pur	pose of changing it	3 registered		
I office or red	alstered agent, or both, in the State	eof Florida. Such change was	authorized	by the corp	poration's board of directors. I hereby accept	the <b>app</b> ointment as	registered		
_	familiar with, and accept the oblig-	ations or, section 607.0505, r	edda Stati		icil O. A.	C/ 1990	,		
SIGNATURE si	Ignature 1970 of entitled name of registered age	ont and little if applicable (NO	IE: Registered	Agent signature	required whon reinstating)	DATE	• • • •		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12		
TITLE	P	DELETE	1.1 111	LF	P	💢 Change	Addition		
NAME	QUTTEINETT, ZIAD A.		1.2 NA	ME	QUTTENEH, AYMI	WB.			
STREET ADDRESS	1805 E. SEMORAN BLVD		1.3 \$1	REET ADDRESS	1805 E. SEMORAN	, BLVD			
CITY-ST-ZIP	APOPKA FL		1.4 Cil	Y-ST-7IP	APOPKA, FL				
TITLE	V	L) DELETE	2.1 1)1	LE		Change	Addition		
NAME	KUTTAINEH, NAZEEH		2.2 NA	ME.					
STREET ADDRESS	1805 E SEMORAN BLVD		2.3 ST	REFT ADDRESS					
CITY+S1-ZIP	APOPKA FL			TY-ST-ZIP					
TITLE		☐ DELETE	3.1 1)1	- 1		☐ Change	Addition		
NAME			3.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		DELETE	_	IY-ST-ZIP		Change	Addition		
TITLE		☐ Offele	4.1 113	I		FT CHange	AUURUII		
NAME			4. 2 N/						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Change	Addition		
TITLE		∟ outil	5.1 TIT	- 1		L_J Change	☐ MOUNT		
NAME			5.2 NA	Į.					
STREET ADDRESS				REET ADDRESS					
CITY+ST-ZIP TITLE	<del></del>	DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP		Change	Addition		
		₽ orrest	6.2 NA		600002629		~/		
NAME CIRCLI ADDRESS			. I	i	<b>-09/01/9801</b> 023		Peals		
STREET ADDRESS				REET ADDRESS Y-ST-ZIP	***550.00		, & M		
14. Thereby co	ortify that the information supplied w	ith this filing does not qualify			ed in Section 119.07(3)(i), Florida Statutos. I fu	rther 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 changes or on an attachment with an address.