

**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 # **K33357 (0)**  
1. Corporation Name  
**ABC DISCOUNT BEVERAGE, INC.**

Principal Place of Business: **3980 N. ANDREWS AVENUE OAKLAND PARK FL 33309**  
Mailing Address: **1622 S. CYPRESS ROAD POMPANO BEACH FL 33060**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/13/1988	04/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0088797	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent  
**THAKKAR, TARULATTA H  
6341 N.E. 20TH TERR.  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	
NAME	STREET ADDRESS	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
NAME	STREET ADDRESS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
NAME	STREET ADDRESS	2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
NAME	STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
NAME	STREET ADDRESS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
NAME	STREET ADDRESS	5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
NAME	STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 as an attachment with an address.

SIGNATURE: *J. C. Thakkar* (POA) **THAKKAR Tarulatta** President 4/27/96 (305) 565 8343

CR2E034 (12/95)