

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 # 477879 (1)

1. Corporation Name

DAMASCUS IMPORTED GROCERY, INC.



Principal Place of Business

5721 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021-6326

Mailing Address

5721 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021-6326

3. Date Incorporated or Qualified
06/16/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 485 N.E. 20 ST
Suite, Apt. #, etc.

22 BOCA RATON FL.
City & State

23 33432 USA.
Zip Country

24

2a. Mailing Address

26 485 N.E. 20 ST
Suite, Apt. #, etc.

27 BOCA RATON FL.
City & State

28 33432 USA.
Zip Country

29

30

4. FEI Number

59-1687721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, MORRIS J., ESQ.
350 LINCOLN RD.
SUITE 228
MIAMI BEACH FL 33139

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: PD
DAVID, GEORGE
STREET ADDRESS: 17424 NW 10 ST
CITY-ST-ZIP: PEMBROKE PINES FL

1.2 TITLE ☐ DELETE

NAME: D
DAVID, CHRISTINE
STREET ADDRESS: 17424 NW 10 ST
CITY-ST-ZIP: PEMBROKE PINES FL

1.3 TITLE ☐ DELETE

NAME: SD
DAVID, AIDA
STREET ADDRESS: 17424 NW 10 ST
CITY-ST-ZIP: PEMBROKE PINES FL

1.4 TITLE ☐ DELETE

NAME: ☐ DELETE

1.5 TITLE ☐ DELETE

NAME: ☐ DELETE

1.6 TITLE ☐ DELETE

NAME: ☐ DELETE

1.7 TITLE ☐ DELETE

NAME: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GEORGE DAVID JR
2320 CHESTNUT CT
PEMBROKE PINES FL 33026

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96-409-3380011
Date Daytime Phone #

CR2E034 (12/95)