

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**APPROVED AND FILED**

97 JUL -7 PM 2:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #**  
 1. Corporation Name  
**JENIF DISCOUNT BEVERAGE STORE**  
**PG6000048652**

Principal Place of Business Mailing Address  
**3593, EMERSON STREET,**  
**JACKSONVILLE FL-32207**

3. Date Incorporated or Qualified 3a. Date of Last Report  
 4. FEI Number Applied For  
**593393467** 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

2. Principal Place of Business 2a. Mailing Address  
 21 **AS ABOVE** 26 **AS ABOVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 Country Country  
 24 25 29 30

**9. Name and Address of Current Registered Agent**  
**PATRICIA CHANDIRASEGAR**  
**2659, CLEAR CIRCLE N.**  
**JAX. FL-32207**

**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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *P. Chandrasegar* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>OWNER PRESIDENT</b>	DELETE
NAME	<b>PATRICIA CHANDIRASEGAR</b>	
STREET ADDRESS	<b>2659, CLEAR CIRCLE NORTH</b>	
CITY-ST-ZIP	<b>JAX. FL-32207</b>	
TITLE	<b>MR. S. CHANDIRASEGAR</b>	<input type="checkbox"/> DELETE
NAME	<b>2659, CLEAR CIRCLE N.</b>	
STREET ADDRESS	<b>JAX. FL-32207</b>	
CITY-ST-ZIP	<b>VICE PRESIDENT</b>	
TITLE	<b>DOUGLAS CHANDIRASEGAR</b>	<input type="checkbox"/> DELETE
NAME	<b>2659, Clear Circle North</b>	
STREET ADDRESS	<b>JAX. FL-32207</b>	
CITY-ST-ZIP	<b>SECRETARY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>600002235296--1</b>
14 CITY-ST-ZIP	<b>-07/10/97--01090--023</b>
21 TITLE	<b>****165.00 ****165.00</b>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

*A. Alan*  
*7/7/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *P. Chandrasegar* **PATRICIA CHANDIRASEGAR 4/26/97 904-724-7000**

CR2E034 (9/96)