

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K17064 (2)

1. Corporation Name

DISCOUNT CONVENIENCE STORES, INC.

Principal Place of Business

C/O SANKARA DINAVAH
7296 ROYAL OAK DR.
SPRING HILL FL 34607

Mailing Address

C/O SANKARA DINAVAH
P.O. BOX 451
H.VALLEY PA 19006
US

3. Date Incorporated or Qualified

02/29/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2930010

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

2. Principal Place of Business

21 7296 ROYAL OAK DR

Suite, Apt. #, etc.

22 SPRING HILL, FL

City & State

23 FL

24 Zip FL34607

Country

2a. Mailing Address

26 P.O. BOX 451

Suite, Apt. #, etc.

27 H.VALLEY

City & State

28 Pa

29 Zip 19006

Country

30

9. Name and Address of Current Registered Agent

DINAVAH, SANKARA
7296 ROYAL OAK DR.
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

000001939540
-09/05/96--01045--013
***200.00 FL ***200.00

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

Sankara Dinavahi Sankara Dinavahi

4/24/96

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME PASEM, SUNDARAM R
STREET ADDRESS 2540 S.W. 37TH STREET
CITY-ST-ZIP OCALA FL

TITLE P ☐ DELETE
NAME KARNAM, RAJA
STREET ADDRESS 1084 DIXON LANE
CITY-ST-ZIP RYDAL PA

TITLE V ☐ DELETE
NAME DINAVAH, SANKARA
STREET ADDRESS 7296 ROYAL OAK DR.
CITY-ST-ZIP SPRING HILL 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

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

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)(x), 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

Date

Daytime Phone #

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CORESTATES BANK NA
STOP PAYMENT CONFIRMATION NOTICE
CONFIRMATION NO: 960826-150421

ACCOUNT NO: 0016142855 RAJA KARNAM, DR

DATE ISSUED: 08/26/96

DATE EXPIRES: 02/26/97

CHECK AMOUNT:

200.00

CHECK NUMBER:

1899

CHECK DATE: 04/24/96

PAYABLE TO: FLORIDA DEPT OF STATE

REASON FOR STOP: LOST

CoreStates Bank, N.A.

Authorized Signer



CoreStates

- ☐ CoreStates Bank*
☐ CoreStates Hamilton Bank*
☐ New Jersey National Bank

STOP PAYMENT REQUEST CONFIRMATION
IMPORTANT INFORMATION - PLEASE READ CAREFULLY
RULES FOR STOP PAYMENT ORDERS

DEFINITIONS: -"You" or "Your" means the customer(s) named on the account identified above
-"We" or "Us" means the Bank indicated.
-"Account" means the account identified above.
-"Check" means the check written on the Account and identified above.
-"Pre-authorized Payment" means a payment that you have authorized to be automatically deducted from your Account.
-"Order" means an oral or written order you have given us to not pay the Check or to stop a Pre-authorized Payment.

EFFECT OF THIS CONFIRMATION: This stop payment request is limited to the Pre-authorized Payment or the check described above. By placing the Stop Payment Order on a check, you confirm that the check has not been returned as a cancelled check.

EXACT INFORMATION REQUIRED: IN ORDER FOR OUR COMPUTER SYSTEM TO ACT ON YOUR ORDER, BOTH THE ORDER AND THIS CONFIRMATION MUST CONTAIN THE INFORMATION AS FOLLOWS: (1) TO STOP PAYMENT OF A CHECK, THE CORRECT ACCOUNT NUMBER AND CHECK NUMBER AND THE EXACT AMOUNT OF THE CHECK (2) TO STOP A PRE-AUTHORIZED PAYMENT, THE CORRECT ACCOUNT NUMBER AND PAYEE AND THE EXACT AMOUNT OF THE PRE-AUTHORIZED PAYMENT. WE CANNOT BE RESPONSIBLE IF OUR COMPUTER SYSTEM DOES NOT ACT ON YOUR ORDER BECAUSE YOU DO NOT GIVE US PRECISE AND CORRECT INFORMATION.

EFFECTIVE DATE OF ORDER: Your Order will be effective within a reasonable time after we receive it, unless the check or Pre-authorized Payment has already been paid by then.

EXPIRATION OF ORDER: If you do not confirm the Order by signing this notice and returning it to us within fourteen (14) days, we may release your stop payment request. If this Confirmation is signed and returned to us within fourteen (14) days, the Order will stay in effect until the "Date Expires" above. You may renew the Stop Payment Order at that time by filing another stop payment request with us.

CANCELLATION OF ORDER: You may cancel this Order at any time by calling our Customer Service Department at CoreStates Bank, (215)-973-1000 (From toll calling area 1-800-426-6900), CoreStates Hamilton Bank, 1-800-833-3444 or CoreStates New Jersey National Bank, 1-800-222-0033.

YOUR RESPONSIBILITIES: Third parties may make claims or demands against us as a result of your Order. If this happens, you agree to reimburse us for all of our reasonable costs and expenses in defending ourselves against such claims or demands, including reasonable attorney's fees.

This notice is your Confirmation of the Stop Payment Order you placed. Please review the information above, then sign and date this Confirmation. By signing below, you acknowledge that the stop payment information above is correct and that you have read, understand and agree to the terms and conditions of this Confirmation.

CUSTOMER SIGNATURE CONFIRMING ORDER
UB3 (10/94)

*Incorporated as CoreStates Bank, N.A.
DISTRIBUTION: ORIGINAL - DAC: DUPLICATE - Customer

DATE