

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L58254** (8)

1. Corporation Name

NEW WAY DISCOUNT STORE, INC.



Principal Place of Business

**C/O MYONG JA CHO
2800 SOUTH RIO GRANDE AVENUE
ORLANDO FL 32805**

Mailing Address

**C/O MYONG JA CHO
2800 SOUTH RIO GRANDE AVENUE
ORLANDO FL 32805**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
03/19/1990

3a. Date of Last Report
04/14/1995

4. FEI Number
59-3003310

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

**CHO, MYONG J
2800 SOUTH RIO GRANDE AVENUE
ORLANDO FL 32805**

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 of Registered Agent

Signature of President or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
CHO, MYONG JA
2800 SOUTH RIO GRANDE
ORLANDO FL**

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
CHO, HYONG J.
2800 SOUTH RIO GRANDE
ORLANDO FL**

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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5. TITLE
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6. TITLE
NAME
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CITY-STATE-ZIP

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7. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FLORIDA DEPARTMENT OF STATE

CR2E034 (12/95)