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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90083 028 ***150.00

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1. Corporation Name

M & M GROCERS, INC

n+ *								
Principal Place	e of Business	Mailing Address						
4920 COCONUT	T CREEK PKWY	4920 COCONUT CREEK	PKWY					
SUITE 207		SUITE 207				DO NOT WRITE IN THE	SPACE	
MARGATE FL 3	3063	Margate FL 33063 US				3. Date Incorporated or Qualifed	0,7,02	_
00						08/15/1990		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0254936	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e ·	City & State				6. Election Campaign Financing	\$5.00	May Be
23	·	28				Trust Fund Contribution	Added 1	o Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Ir		
24	25	29	30			Personal Property Tax.	☐Yes	No
	9. Name and Address of Curre	nt Registered Agent		0.1	 	10. Name and Address of New Registered	Agent	
DLIA	NDARI, MAHENDRA			81	Name			
	INDANI, MANIENDHA 2 NW 82 AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
					_			_
COR	RAL SPRINGS FL 33071			83				
		And the second of the contract	ه د ا	84	City	F-1	85 Zip (Code
1	<u> </u>					FI		
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change wa:	s autnorized	a bv	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registered	d Agen	nt signature required			
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12 Addition
TITLE	D	☐ DELETE	1,1 TF	πE			∐ Change	☐ Accilion
NAME	BHANDARI, MAHENDRA		1.2 N					
STREET ADDRESS			1.3 S	TREET	TADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL							
	COUNT OF THE COUNTY			ITY-ST	T- ZIP		Charac	T Addition
TITLE	D		2.1 TI	ITLE	T-ZIP		☐ Change	Addition
	D 8HANDARI, MAHENDRA	☐ DELETE		ITLE	T- ZIP		☐ Change	☐ Addition
TITLE	D 8HANDARI, MAHENDRA 1242 N.W. 82 AVE	☐ DELETE	2.1 TI 2.2 N	ITLE AME	T-ZIP	Managama (Antonio Antonio Anto	☐ Change	☐ Addition
TITLE NAME	D 8HANDARI, MAHENDRA		2.1 TI 2.2 N 2.3 S 2.4 C	ITLE AME TREET CITY-S	T ADDRESS			
TITLE NAME STREET ADDRESS	D 8HANDARI, MAHENDRA 1242 N.W. 82 AVE	☐ DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	ITLE AME TREET CITY-S ITLE	T ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 8HANDARI, MAHENDRA 1242 N.W. 82 AVE		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	ITLE AME TREET CITY-S ITLE AME	T ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BHANDARI, MAHENDRA 1242 N.W. 82 AVE CORAL SPRINGS FL		2.1 TI 22 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S'	AME TREET CITY-S TILE AME	FADORESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BHANDARI, MAHENDRA 1242 N.W. 82 AVE CORAL SPRINGS FL	☐ DELETE	2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C	ITLE TREET CITY-S TILE TREET TREET	FADORESS		☐ Change	☐ Addition
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14. I 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, with all other like empowered.

SIGNATURE: MOLD GILL COM PRINTED WANTED OF PRINTED WANTED WANTED

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