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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000024495

| Sute, Apt. 8, etc. Sure, Apt. 8, fbc. | 1. Corporation | THRU DISCOUNT BEVERA | GE MART, INC. | | | |
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| 330 AUGNIT - GRANDE RLOSSON TRAIL US 2. Principal Page of Business 2. August page of Business 2. Principal Page of Business 2. Suite, Apt. 4: etc. 2. Suite, Ap | Principal Place | e of Business | Mailing Address | | | II O FRONT BEGRE DEDITO ISITO DELL'ESTA |
| 2. Principal Place of Business 2. Mailing Addless 2. Mailing Addless 3. Date Incorporated or Challefor OAI/02/1993 2. Principal Place of Business 2. A Mailing Addless 3. Day 5. The Company Place of Challefor OAI/02/1993 2. Principal Place of Business 2. A Mailing Addless 3. Day 5. State 5. Suite, Apt. et al. 23. July 5. State 5. Suite, Apt. et al. 25. Suite, Apt. et al. 27. Suite, Apt. et al. 28. Suite, Apt. e | 3320 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32804 3320 NORTH ORANGE BLOSSOM T ORLANDO FL 32804 | | | SOM-T RAI L | | |
| Principal Place of Business | | | | | | |
| 27 26 \$3.1 My Tru OAKPU 59-31759\$2 Next Applicable Suite Applicable Suite Applicable Suite Applicable Suite Su | | | | | · | |
| Surte, Apt. #, etc: 27 | 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 27 Cly & State Cly & Sta | 21 | | 26 831 1945TI | C OAK PL | . 59-3175952 | |
| 27 | | | | | 5. Certificate of Status Desired | T |
| 27 | 22 | | | | | |
| 2p | City & State | 9 | $\Box \Box \Box \alpha \Box \Box \alpha \Box \alpha$ | T. 1 | | |
| Personal Property Tax | 23 | | | F 44 | | |
| 9. Name and Address of Current Registered Agent CICCARELLO, SALVATORE 3220 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32804 83 84 Crty FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The earth of the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 and 607.1508. Florida Statutes and the provisions of Sections 607.0502 florida Statutes and the provisions of Sections 607.0502 florida Statutes and the provisions of Sections 607.0502 florida Statutes and the section of Sections 607.0502 florida Statutes | | | <u>├</u> `` | \neg \square ICA | | |
| Signature | 24 | | | 30 VO1 | | |
| 3220 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions 607,0502 and 607,1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE Signature, figured on protect name of impaired agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 22P 15. TO | | 9. Name and Address of Curre | nt Registered Agent | 81 Name | To. Hame and Modern of the Manager | |
| 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 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 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 office or registered agent, and accept the appointment as registered office or registered agent, and accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the appointment as registered agent. I all the corporation's board of directors. I hereby accept the corporation's board of directors. I hereb | CICC | ARELLO, SALVATORE | | | | |
| Section 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. Thereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607 0505. Florida Statutes Signature Section Sectio | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 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 office or registered agent, and accept the obligations of, Section 607.0503, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPVT | ORL | ANDO FL 32804 | | 83 | | _ |
| 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 office or registered agent, and accept the obligations of, Section 607.0503, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPVT | | | | | | |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. The above-named comportion submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Subtichange was authorized by the comportance's board of directors, I hereby accept the apprintment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes 12. | | | | 84 City | F | 85 Zip Code |
| 12. | office or n agent. La SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblig. | of Florida. Such change was autations of, Section 607.0505, Florid | horized by the corporati | on's poard or directors. I nereby accept the ap- | pointment as registered |
| TITLE | | | - | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| STREET ADDRESS S391 ANGUS AVE. 13 STREET ADDRESS | | DPVT | ☐ DELETE | i 1 TITLE | | Change Addition |
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| TITLE | STREET ADDRESS | 5391 ANGUS AVE. | | 13 STREET ADDRESS | | |
| TITLE | CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | |
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| NAME 6.2 NAME | | | | 6.2 NAME | | |

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.

6.3 STREET ADDRESS

6 4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-ZIP

FILED

Mar 16, 1999 8:00 am Secretary of State

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