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PROFIT CORPORATION ANNUAL REPORT

-1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000086143 (3) DOCUMENT #

DISCOUNT BEVERAGE & DELI, INC.

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address MM 82 1/2 US ONE 300 S. COCONUT PALM BLVD ISLA FL 33036 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified <u>12/13/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0453534 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campalgn Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees Zìp Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BUSBIN, KATHRYN J 300 SO. COCONU PALM BLVD. Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** 83 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition BUSBIN, KATHRYN J NAME 1.2 NAME CR2E034 300 S. COCONUT PALM BLVD STREET ADDRESS 1.3 STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BUSBIN, THOMAS D NAME 2.2 NAME 300 S. COCONUT PALM BLVD STREET ADDRESS 2.3 STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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. 305

SIGNATURE:

11-98

669-8576

(10/97)