

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000049966 (2)

1. Corporation Name

MARGI DISCOUNT BEVERAGE, INC.

95 MAY -1 PM 10:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**5855 PLACIDA RD. 2411 S. McALL RD
SUITE 406 UNIT # 6
ENGLEWOOD FL 34224**

Mailing Address
**5855 PLACIDA RD.
SUITE 406
ENGLEWOOD FL 34224**

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
12-31-94

2. Principal Place of Business
21 2411 S. McALL ROAD

2a. Mailing Address
26 5855 PLACIDA ROAD

4. FEI Number
65-0503237

Applied For
Not Applicable

Suite, Apt. #, etc.
22 UNIT # 6

Suite, Apt. #, etc.
27 SUITE # 406

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 ENGLEWOOD, FL.

City & State
28 ENGLEWOOD, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 34224

Country
29 34224 30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUNDERSON, MIKO P
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223**

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 must be printed name of registered agent and title of corporation.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, ASHOK	1.2 NAME	
STREET ADDRESS	5855 PLACIDA RD., STE. 406	1.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD FL 34224	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(k), 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:

Ashok Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHOK PATEL

4-21-95 (813)475-3495

DATE

TELEPHONE #