SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATUREX



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400082015

HAITI DISCOUNT MARKET, INC.

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90012 012 ***550.00

Principal Place	of Business		М	ailing Address				IDIIF EDIJI DEIB	\$ 1 1 1	II IIUEI UIII IUUI
562 11TH ST N NAPLES FL 33999				562 11TH ST N NAPLES FL 33999			DO NOT WIDE	TE IN TUIC	CDACE	
							3. Date Incorporated or Qualified		SPACE	
							11/07/1994			
2. Principal Pla	ace of Busine	 SS	2a	. Mailing Address			4. FEI Number		I Ar	plied For
21			26				65-0532782		No	t Applicable
Suite, Apt. #	ŧ, etc.		27	Suite, Apt. #, etc.	,		5. Certificate of Status Desired		\$8.75 Fee Re	
City & State	ı		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip		Country		Zip	Cour	itry	8. This corporation owes the curr	ent year		_
24	2	5	29		30		Intangible Personal Property.		Yes _	No
	9. Name a	nd Address o	f Current Regis	stered Agent			10. Name and Address of New I	Registered	Agent	
07.	EL ELID. 45	-				81 Name				
	FLEUR, GE	JRGE			Ī	82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
	11TH ST N LES FL 339	00			1					
NAP	FEO LT 208	99			1	83				
					ŀ	84 City	,		85 Zip	Code
						_L		FL	لـك	
11. Pursuant i	egistered age	nt, or both, in t	he State of Flor	ida. Such change wa of, section 607.0505,	as authorized	by the corporat	oration submits this statement for the pion's board of directors. I hereby acce	pt the appoi	ntment as re	ğistered
agent. I ar	m familiar wit	h, and accept t	o oogaa.oo a	n, 3600011 001.0000,	Tionad oldic	1163.				
agent. I as SIGNATURE			istered agent and title				uired when reinstating)	DATE		
agent. I as SIGNATURE		printed name of reg		if applicable.			juired when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	PRS IN 12
agent. I ar SIGNATURE _	Signature, typed or	printed name of reg OFFIC	istered agent and title	if applicable.	(NOTE: Register	ed Agent signature req			ID DIRECTO	PRS IN 12 Addition
agent. I as SIGNATURE _ 12.	Signature, typed or P ST. FLEU	OFFICER, GEORGE	istered agent and title	if applicable.	(NOTE: Register	ed Agent signature req			$\overline{}$	
agent. I all SIGNATURE _ STATE TITLE	P ST. FLEU 2100 SW	OFFICE OFFICE R, GEORGE 41 ST	istered agent and title	if applicable.	13. 1.1 TITI 1.2 NAI	ed Agent signature req			$\overline{}$	
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