FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400086059 (0)

D & B DISCOUNT GROCERIES INC. Principal Place of Business Mailing Address 3618 LANTANA ROAD, #18 LANTANA FL 33462 LANTANA FL 33462-2248					
				3. Date Incorporated or Qualified	Sa. Date of Last Report
				11/21/1994	05/01/1996
·····	l Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0538660	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22] City & St	itate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability to	
24	25		30		Yes No
	9. Name and Address of Curr	ent Registered Agent	041 5	10. Name and Address of New F	egistered Agent
	IREY, DARRELL		81 Name		
	725 CRESTWOOD BLVD.		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
يا	AKE WORTH FL 33460		83		
			84 City		FI 85 Zip Code
SIGNATUR	E Signature type dioxiprinted name of registered.		Registered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TI*LE	PD	DELETE	1.1 TOLE		Change Addition
NAME	FREY, DARREL		1,2 NAME		
STREET ADORES	ss 1725 CRESTWOOD		1.3 STREET ADDRESS		
CITY-SI-ZIP	LAKE WORTH FL		1.4 CiTY-ST-ZIP		
THLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME CORES ASSESSED	FREY, BONNIE		2.2 NAME		
STREET ADDRES	1725 CRESTWOOD LAKE WORTH FL		2.3 STREET ADDRESS		
CITY - ST - 7IP	LANE HORITIFE	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		_ ·····	3.2 NAME		
STREET ADORES	ss		3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY - ST - ZIP		
T:TLE	1	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRES	55		4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		En comple En Adollion
STREET ADDRES	92		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
ITEE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ANTIBES	99		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

ONLY THE HE ODANIEW W FUEL OR DIRECTOR

4-23-97 561.533.1638

FILED

Apr 29 1997 8:00am

Secretary of State