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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000018762 (1)

DISCOUNT FOOD MART INC. Principal Place of Business Mailing Address 3676 COLLIN DR 3676 COLLIN DR UNIT 18, 19 UNIT 18. 19 W PALM BEACH FL 33406-4968 W PALM BEACH FL 33405 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1995 07/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0561497 21 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jamal, S<del>hafga</del>t COYYEL 3676 COLLIN DR Speu 82 Street Address (P.O. Box Number is Not Acceptable) UNIT 18, 19 83 W PALM BEACH FL 33405 84 City Zip Code 85 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, typical or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change TITLE JAMAL, SHAFQAT NAME 12 NAME **22E034** 1726 ROYAL FOREST CT STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL 33406 CITY - S1 - ZIF 1.4 CITY-ST-2IP DELETE Change Addition TILLE 2.1 TITLE

INDERJEET, 2.2 NAME NAME 1852 20TH ST 2.3 STREET ADDRESS STREET ADORESS VERO BEACH FL 32960 2.4 CITY - ST - ZIP CHY-ST-ZIE Addition DELETE 31 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition  $\Pi I_{i}F$ 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-ZIF DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

**FILED** 

Apr 11 1997 8:00am

Secretary of State

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