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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000095148 (8)

1. Corporation Name

A.M. TO P.M. DISCOUNT STORE, INC.

Principal Place of Business

1675 N.W. 13TH STREET APT. 207
BOCA RATON FL 33486

Mailing Address

1675 N.W. 13TH STREET APT. 207
BOCA RATON FL 33486-1104

3. Date Incorporated or Qualified

11/14/1986

3a. Date of Last Report

2. Principal Place of Business

21 3001 N. SEACREST BLVD

2a. Mailing Address

26 3001 N. SEACREST BLVD.

4. FEI Number

65-0713301

Applied For

Not Applicable

Suite, Apt. #, etc.

22 BOYNTON BEACH

Suite, Apt. #, etc.

27 BOYNTON BEACH, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 BOYNTON BEACH, FL

City & State

28 BOYNTON BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33435

Country

25 PALM BEACH

Zip

29 33435

Country

30 PALM BEACH

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

9. Name and Address of Current Registered Agent

PATEL, BHUPENDRAKUMAR C
1675 N.W. 13TH STREET APT. 207
BOCA RATON FL 33486

PRESIDENT

10. Name and Address of New Registered Agent

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, 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] V. PRESIDENT

[Signature] (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

DATE 04/17/97

12. OFFICERS AND DIRECTORS

TITLE VICE PRESIDENT. ☐ DELETE
NAME MR. SUBASACHANDRA D PATEL
STREET ADDRESS 390 W PALMETTO PARK DR #A-502
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/97

561-333-9911

Date

Daytime Phone #

0337824

CR2E034 (9/96)