

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000045769 (1)
1. Corporation Name
WEST COLUMBIA DISCOUNT GROCERY, INC.

Principal Place of Business
3930 W COLUMBIA ST
ORLANDO FL 32805-3426

Mailing Address
3930 W COLUMBIA ST
ORLANDO FL 32805-3426

APPROVED
AND
FILED

JUN 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30		30	

3. Date Incorporated or Qualified 05/21/1997	
4. FEI Number 59-3452685	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

7. Name and Address of Current Registered Agent KASSAYE SISAY 7120 IRON WOOD DR. ORLANDO FL 32818		10. Name and Address of New Registered Agent 81 Name AZMER A Gebregorgis 82 Street Address (P.O. Box Number is Not Acceptable) 7120 IRON WOOD DR 83 84 City ORLANDO FL 85 Zip Code 32818	
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11. Pursuant to the provisions of Sections 607.0505 and 607.0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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 and agree to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: AZMER A Gebregorgis DATE: 1/11/99
(NOTE: Registered Agent signature required when reinstalling)

A. OFFICERS AND DIRECTORS		B. ADDITIONAL CHAIRMAN TO OFFICERS AND DIRECTORS (If Applicable)	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: AZMER A Gebregorgis DATE: 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR05034 (10-97)