

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053847 (4)**

1. Corporation Name

DISCOUNT FOODS OF FLORIDA, INC.



Principal Place of Business	Mailing Address
6849 GRENADIER BOULEVARD, #1601 NAPLES FL 34108	6849 GRENADIER BOULEVARD, #1601 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1337 PEXIE HWY N.		26 Suite, Apt. #, etc.		06/17/1997	
22 City & State		27 City & State		4. FEI Number	
23 LAKE WORTH, FL		28 Zip		65-0767681	
24 33460		25 US		Applied For	
29		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes or has paid the current year Intangible	
<input type="checkbox"/>		<input type="checkbox"/>		Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DABILL, PHILLIP A 6849 GRENADIER BOULEVARD, #1601 NAPLES FL 34108		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, 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: Phillip A. Dabill DATE: 2/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PHILLIP A. DABILL
STREET ADDRESS		1.3 STREET ADDRESS	6849 GRENADIER BLVD #1601
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas P. Dabill THOMAS P. DABILL 2/23/98 564-547-0700

CR2E034 (10/97)