03-04-1999 90106 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000053847**1. Corporation Name

DISCOUNT FOODS OF FLORIDA, INC.

210000														
Principal Place of Business Mailing Address								1 199114	W \W \W\ \ (###)	31 08111 981	.11 69191 9	//1 2 0 111 0 1 1)(W: H	
1337 DIXIE HWY N. 6849 GRENADIER BC LAKE WORTH FL 33460 NAPLES FL 34108				EVARD #1601					DO NOT	WRITE IN	N THIS	SPACE		
U\$							3.	Date Incorp	porated or Qual					
2. Principal P	lace of Business	2a. Mai	ing Address				4.	. FEI Numbe					Appli	ed For
21		26						65-0767	<u>68.1</u>				Not A	Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.					Cartificate	of Status Desire	d □		\$8.7		
22		27						···					Requ	
City & State	e	City	& State				6.	. Election Ca	ampaign Financ	ing 🗆		\$5.0		
23		28							Contribution				ed to I	Fees
Zip	Country	Zip		Count	гу		8.		ration owes the	current y	ear Inta		_]No
24	25	29		30					roperty Tax. Address of No.	Dogie	torod (☐ Yes		7140
	9. Name and Address of Curre	ent Registered	l Agent		31	Name	10.	. Name and	Address of N	w Regis	itered A	Agent		
DAR	HI DUNING			ľ	"	Name								
Dabill, Phillip a 6849 Grenadier Boulevard, #1601					32	Street /	Address (F	P.O. Box Nu	mber is Not Acc	eptable)				
	LES FL 34108	001		L.	33									
IVAL	LES PE 34100				53									
				1	34	City					FL	85 Z	ір Со	de
	to the provisions of Sections 607.05				_					16			ito ro	aistored
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Si	uch change was a	utnonzea i	oy t	tne corpo	oration's b	oard of direc	tors. I hereby a	ccept trie	appoir	itment as	regis	stered
	Signature, typed or printed name of registered ag				gent	t signature re	required when				ATE	- BIDEC		0.151.40
12.		ND DIRECTO		13.	_			ADDITIONS	CHANGES TO	OFFICE	RS AN	Chang		Addition
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NAME	DABILL, PHILLIP A			1.2 NAM			Constitution	- Japan	han cont	٢				
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TITLE			☐ DELETE	2.1 TITL								Citan	Je.	Addition
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NAME				6.2 NAN		. ADODECCE								
STREET ADDRESS				6.3 STR	ztí	ADDRESS	١,							

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 exporation 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 pr on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP