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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064041 (1)

MO'S DISCOUNT VARIETY, INC.

## FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		4 (100/1984) (12 toliu 140) doliu doliu doliu obiii edila diiii didii didii didi	
4300 KINGS HWY., UNIT 401		1480 INVERNESS ST.			
PORT CHARLOTTE FL 33980		PORT CHARLOTTE FL 33952		DO MOT MIDITE IN THIS	204.05
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal D	lace of Business	2a. Mailing Address		<b>07/22/1997 4.</b> FEI Number	Applied For
	o Kings Hwy	26 4300 Kin	ac Hwy	65-0770023	Not Applicable
Suite Ant	# 610	Suite, Apt. #, etc.	133 11 - 7		\$8.75 Additional
22	unit 402	27 D-3	3	5. Certificate of Status Desired	Fee Required
	9 ( 4 .4		1 11	6. Election Campaign Financing	\$5.00 May Be
23 Port	Charlotte, FL	28 Port Char	lotte, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip an ASA	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 339	80 25 COUNTRY	29 33 78 0	30	1 0.00.10.1 1000.1	Yes 🔀 No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	<del></del>
ELS	SAYED, MOHAMED N	Elsayed, Mohamed	N.		
				tress (P.O. Box Number is Not Acceptable)	
	RT CHARLOTTE FL 33952		3	477 Harbor Blvd	
, -	·		[63]		
			84 City	1.01.1.11	85 Zip Code
<b>多</b> 专			Por	t Charlotte FL	-     33952
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tos the above-named cor	rogration submits this statement for the nurpose of	f 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 objections of, Section 607.0505, Florida Statutes.					
SIGNATURE	Make.	med d. Eld	ented	uired when reinstating) OATE	198
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	TE Hegistered Agent signature requ		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE		☐ DEL <b>ete</b>	1.1 TITLE	President Mohamed N. Ellayed 3477 Harbor Blvd Port Charlotte, FL,	Change 💢 Addition
NAME			1.2 NAME	Mohamed N. Elsayer	
STREET ADDRESS			1.3 STREET ADDRESS	3477 Harbor BIVA	22062
CITY-ST-ZIP			1.4 CITY - ST - ZIP	port Charlotte, FL,	33752
TITLE		DELETE	2.1 T(TLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	cortify that the information supplied	with this filing does not qualify		n Section 119.07(3)(i), Florida Statutes. I further c	ertify 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.