FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S46926

(9)

SHARPES DISCOUNT BEVERAGE & FOOD MART, INC.



Principal Place of Business Maining Address							PIO DIN BIBN BEDR WEBIL O	
7031 MELAI COCOA FL	LEUCA DR	7031 MEL	7031 MELALEUCA DR COCOA FL 32927					
						3. Date Incorporated or Qualified 04/19/1991	3a. Date of Last 03/10/	
2. Principal Pla 21		2a. Mailing Ad 26	Idress			4. FEI Number 59-3061245		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apl.	. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	<u> </u>	City & Star	te			Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees
Zιρ 1	Country	Z _i p		Country	,	8. This corporation has liability for i		s 199.032,
24	25]	29	30	<u>o</u>			□No	
	9. Name and Address of Cur	rrent Registered Ager	11		r	10. Name and Address of New R	egistered Agent	
0.170	D10144 6			81	Name			
PATEL, 7031 M				dress (P.O. Box Number is Not Acceptable)				
COCO	A FL 32927			83				
				84	City		 85 2	7p Code
					"	ration submits this statement for the pur		•
SIGNATURE	n, and accept the obligations of, S Structure, typed or printed name of registered a	Section 607,0505, Florid	da Statules.	sg-stered Ager		and of directors. I hereby accept the appoint	DATE	
TITLE	n Ornoths	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFI		
NAME	PATEL, NITA R	U 1/	11111	1. 1 TITLE			☐ Change	Addition
STREET ADDRESS	23 E AVE B			1.2 NAME	400000			
CHY-ST ZIP	MELBOURNE FL			1.3 STHEFT				
THEF	D	FID	ELFTE	2 1 THILE	01-71P		[7] Change	Addition
NAME	PATEL, RASHMI S			22 NAME			onlinge	L Radiion
STREET ADDRESS	23 E AVE B			23 STREET	ADDRESS			
CPM-ST-ZP	MELBOURNE FL			24 CITY-S	1			
THE		□ D	ELETE	3 1 TITLE			[7] Change	
NAME					į.		L VIRBIUS	■ Addition
STREET ADDRESS			l l	3.2 NAME			C) Clarife	Addition
				32 NAME 33 STREE	T ADDRESS		Change	Addition
Cily-SI-Z-P							<u>ு</u> பள்கு	Addition
0:1Y-\$1-Z-P 1:ILF		0	ELETE	33 STREE			☐ Change	
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THEF NAME STREET ADDRESS C-LY-ST-ZP THEF NAME STREET ADDRESS C-LY-ST-ZP THEF THEF THEF		O	ELETE	33 STREET 34 CHY-S 4 1 THEF 42 NAME 43 STREET 44 CHY-S 5 1 THEE 52 NAME 53 STREET 54 CHY-S 6 1 THEE	ADDRESS II-ZIP ADDRESS ADDRESS II-ZIP ADDRESS	,	☐ Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

407-636-7237

Dudana Shaca A

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