FILE NOW: FILING FEE AFTER MAY 1ST 18 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90038 031 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$46926 1. Corporation Name

SHARPES DISCOUNT BEVERAGE & FOOD MART, INC.

Principal Place of Business Mailing Address							1011 91911 918	
7031 MELALEUCA DR 7031 MELALEUCA DR								
COCOA FL 32927 COCOA FL 32927						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
a Dringing F	Non of Ownings	D. Mailing Address				04/19/1991		
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number - 59-3061245		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.						33 000 1243		Not Applicable Additional
22 27						5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing		O May Be
23	28	p Country			Trust Fund Contribution		d to Fees	
Žip	Country 25	Zip	30	untry		8. This corporation owes the current year Into	angible ☐ Yes	· · · · · · · · · · · · · · · · · · ·
24	9. Name and Address of Curren	29 29 Agent	30	Т		Personal Property Tax. 10. Name and Address of New Registered		
				81 N	Name	10, Name and Madreso Or New Hogisteres	-agoine - "r	Arr.
PATEL, RASHMI S.				82 5	Stunnet Addus	O Doubleston in No. Accordate)		•
7031 MELALEUCA DR				02 3	Street Addre	ess (P.O. Box Number is Not Acceptable)		n i b witi
COC	COA FL 32927			83				Jan Maria
1				84 (City			o Code
1.75	<u> </u>				,	FL		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the a authorized orida Stat	bove-n d by the utes.	amed corpo corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoir	changing it itment as i	ts registered registered
SIGNATURE								
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE ID DIRECTORS		l Agent sig	beniuper enutang	when reinstating) DATE		
12.	D OFFICERS AN	DELETE	13.	ΠE		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT ☐ Change	
NAME	PATEL, NITA R		1.2 N			•	onlinge	,
STREET ADDRESS	23 E AVE B			TREET AD	nress .			
CITY-ST-ZIP	MELBOURNE FL			TY-ST-ZII	1			
TITLE	D	☐ DELETE	2.1 TI		·····		Change	Addition
NAME	PATEL, RASHMI S		2.2 NA	AME				
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CITY-ST-ZIP	MELBOURNE FL		2.4 C	ITY-ST-ZI	P			
TITLE		☐ DELETE	3.1 Ti	TLE			☐ Change	Addition
NAME			3.2 NA	AME.	Ì			
STREET ADDRESS			3.3 ST	TREET ADI	ORESS			المراور ويوافق إراي
CiTY-ST-ZIP			_	ITY-ST-ZI	P	in the state of th	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME			4. 2 N					
STREET ADDRESS				REET ADO				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CF 5.1 TIT	TY-ST-ZIF			Charen	☐ Addition
NAME		C) OLLETE	5.1 III				☐ Change	Addition
STREET ADDRESS				REET ADO	RESS			
CITY-ST-ZIP				TY-ST-ZIF				
TITLE		☐ DELETE	6.1 TIT				☐ Change	Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

1-21-99

407-636-7237

☐ Addition

☐ Change