## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (2) P.J.'S DISCOUNT GROCER, INC. Principal Place of Business Mailing Address 8037 KIMBERLY BLVD 8037 KIMBERLY BLVD. N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/17/1991</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0274367 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zin Žφ Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PATEL, INDIRA C 8037 KIMBERLY BLVD Street Address (P.O. Box Number is Not Acceptable) N LAUDERDALE FL 33068 83 84 City 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** Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME PATEL, INDIRA 1.2 NAME 8037 KIMBERLY BLVD 1.3 STREET ADDRESS STREET ADDRESS N. LAUDERDALE FL 33068 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Channe \_\_\_ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-7IP DELETE Addition ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP [] DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5 1 11TLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY-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.

6 3 STREET ADDRESS

6.1 TITLE 62 NAME

SIGNATURE:

CITY ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

INDIKA C. PATEL PANIER CIGHA

DELETE

4122198

954-726-4136

Change

Addition