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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 14 1997 8:00am Secretary of State

	1997		The state of the s	DIVISI	ON OF COR	PORATION	JNS					
DOCUMENT # S55952 (3) A-1 DISCOUNT STORE, INC.												
O :- '- I Di												
Principal Place of Business				Mailing Address								
P.O. BOX 5360 P.O. BOX 5360 SPRING HILL FL 34606 SPRING HILL FL 34611-036				34611-0360								
									3. Date Incorporated or Qualified 05/28/1991		Pate of Last /12/1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		1 +	Applied For
21				26					59-3072558			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State				City & State				6. Election Campaign Financing		• •	, .	
23				— 						_U	~	
Zip	ļ	— · · · · ·		h: 1	30	Country	,		l			s. 199.032,
24	1		of Current F			\neg			7			
PAN			-C.1 F-1	Y		81	Name					
						-	Ctrool	Addra	as ID O. Boy Number is Not Assentab			
9. Name and Address of Current Registered Agent PANJABIKARODA, H. 8395 SUNFLOWER DRIVE SPRING HILL FL 34606	02	SHEEL	Addres	ss (r.o. box number is not Acceptat	ле)							
			Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No nd Address of Current Registered Agent 10. Name and Address of New Registered Agent A, H. R DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)									
						84	City				85 Zii	p Code
11. Pursuant office or r	to the provisi registered ag	ons of Section ent, or both, in the and accept	ns 607.0502 a the State of the obligation	ind 607.1508, Florid Florida, Such chan ons of Section 607.	da Statutes, ti ge was autho 0505. Florida	ne abovi prized by Statute:	e-named y the corp	corpo poratio	ration submits this statement for the parties board of directors. I hereby accept		of changing pointment a	j its registered as registered
SIGNATURE				nd title if applicable					when reinstating)	DATE		
12.			ICERS AND E	***	<u>-</u>	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTO	ORS IN 12
TITLE	VSD □ DELETE			LETE	1,1 7/11,6					☐ Change	e Addition	
NAME						1.2 NAME	1E					
STREET ADDRESS 8395 SUNFLOWER DR			R	1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING I	HLL FL				1.4 City - S	31 - 71P	<u></u>				
TITLE	PTD	/ADODA U		☐ DE	LETC I	21 TITLE				_	Change	e Addition
	i danika d i	ADMIN U						ı				

agent. I a	egistered agent, or both, in the state of Florida. Suc im familiar with, and accept the obligations of, Section	n change was au on 607.0505, Flori	monzed by the corpora da Statutes.	ation's board of directors. I hereby accept the ap-	pointment as	registerea
SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ble (NOTE I	log sterod Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	VSD	DELETE	1,1 7111,6		Change	Additio
NAME	GROVER SUDHABEN S.		1.2 NAME			
STREET ADDRESS	8395 SUNFLOWER DR		1.3 STREET ADDRESS			
CITY-SY-ZIP	SPRING HILL FL		1.4 City - \$1 - 7IP			
TITLE	סוק	DELETE	21 DITLE	**************************************	Change	Addition
NAME	Panjabikaroda, H.		2.2 NAME			
STREET ADDRESS	8395 SUNFLOWER DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	Spring Hill Fl		2 4 City-St-ZiP			
TITLE		DELETE	3111111		Change	Additio
NAME			3.2 NAML			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			8.4. CITY - ST- ZIP			
TITLE		DETLIE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - \$1 - 7IP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	 		5.4 CHY+S1-7IP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 C(1Y - S1 - Z(P			

14. Ido 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 eath; 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.

rupe. SARANI DE LUCANA BARA

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CR2E034 (9/96)