

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97232**

(0)

1. Corporation Name

STOP N SAVE BEVERAGES INC.



Principal Place of Business

**856 NOTTINGHAM BLVD.
WEST PALM BEACH FL 33405
US**

Mailing Address

**856 NOTTINGHAM BLVD.
WEST PALM BEACH FL 33405
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HOSSAIN, MOHAMMED M.
856 NOTTINGHAM BLVD.
WEST PALM BEACH FL 33405**

3. Date Incorporated or Qualified

11/27/1991

3a. Date of Last Report

03/30/1995

4. FEI Number

65-0296505

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 and not required to be signed in ink if agent is

1995. Registered Agent Signature required for Florida Statutes

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD HOSSAIN, MOHAMMAD M.**
STREET ADDRESS **856 NOTTINGHAM BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **VD HOSSAIN, MOHAMMAD S.**
STREET ADDRESS **6272 LANS DOWNE CIR.**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **D SUBHAN, MOHAMMED A.**
STREET ADDRESS **4805 CARVER ST**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 registered or trustee or authorized person 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MOHAMMAD M. HOSSAIN)

3-18-96

(407) 835-8157

Date

Signature Number

CR2E034 (12/95)