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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V09734

(7)

DISCOUNT HEALTH FOODS, INC.

APPROVED AND FILED

96 JAN 22 AM 10: 38

SECRETARY OF STATE TALLAHASSEE. FLORIDA



2. Principal Piace of Business 2a. Mailing Address 4. FEI Number [21] 26 65-0313529 Suite Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired [22] 27	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees nder s 199.032,
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Suite Apt. #, etc. Suite Apt. #, etc. City & State City & State Country Zip Country 28 Country 30 9, Name and Address of Current Registered Agent GROMET GARY 858 N KROME AVE HOMESTEAD FL 33030 11, Parauant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing or registered agent, or bottl, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent.	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees oder s 199.032,
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Signature: Signation by domination of neglected against and tice trapplicable. (NOTE: Registered Against signature required when ministaling): DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DECTORS IN 12
	Change Addition
NAME GROMET, GARY 1.2 NAME	nange [] Noomon
STREET ADDRESS 18991 SW 248TH STREET 1.3 STREET ADDRESS	
CHY-SI-ZIP MIAMI FL 14 CHY-SI-ZIP	
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CITY ST 70° 54 DITY-ST-71P 110H DELETE 6 1 TITLE COMME	
CITY ST-ZP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 10 Describe that the information supplied with this film is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida	

In the necessary that the information supplied with this hing is voluntarily humshed 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 path; that I am an efficer or director of the corporation or the receiver or trustee environment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changes on an attachment with an address.

SIGNATURE:

NATURE AND TYPEO OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

1-76-96 305 247.8487