

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L88536 (2)
1. Corporation Name
DISCOUNT COMMUNICATIONS, INC.

Principal Place of Business: **1805 LAKEWOOD RD. JACKSONVILLE FL 32207-6121**
Mailing Address: **1805 LAKEWOOD RD. JACKSONVILLE FL 32207-6121**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1990**
3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-3203025**
Applied for: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Finance: **\$5.00 May Be Added to Fees**
7. This corporation has liability for additional fees under s. 199.002 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ALTERMAN, LEONARD
9116 CYPRESS GREEN DR.
JACKSONVILLE FL 32256**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: _____ (Date) _____

12. OFFICERS AND DIRECTORS

12.1 NAME: DP MANN, DOUGLAS CHARLES	12.2 STREET ADDRESS: 1605 LAKEWOOD RD. JACKSONVILLE FL	12.3 CITY, ST, ZIP:
12.4 NAME:	12.5 STREET ADDRESS:	12.6 CITY, ST, ZIP:
12.7 NAME:	12.8 STREET ADDRESS:	12.9 CITY, ST, ZIP:
12.10 NAME:	12.11 STREET ADDRESS:	12.12 CITY, ST, ZIP:
12.13 NAME:	12.14 STREET ADDRESS:	12.15 CITY, ST, ZIP:
12.16 NAME:	12.17 STREET ADDRESS:	12.18 CITY, ST, ZIP:
12.19 NAME:	12.20 STREET ADDRESS:	12.21 CITY, ST, ZIP:

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 on file with that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or as an attachment with an address.

SIGNATURE: **D.C. Mann** **D.C. MANN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JUNE 95 (904) 338-2472

CR2E034 (3/95)