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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88536

(2)

DISCOU	NT COMM	MUNICATIONS, INC), * ====					I KARANAN BAN KRIAN KOMA BANKA KAKA BAN) 	i 0)0(f (00)	
Principal Plac	e of Busines	s	Mailing #	Address					CITAL DIST			
1805 LAKEWOOD RD. JACKSONVILLE FL 32207-8121 1805 LAKEWOOD RD. JACKSONVILLE FL 32207-8121												
								3. Date Incorporated or Qualified 07/16/1990		ate of Last I 25/1996	Report	}
2. Principal P	lace of Busin	ness	 1	2a. Mailing Address				4. FEI Number 59-3203025		1 1-	Applied For Not Applicable	7
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional			
City & Stat	e			City & Stale				6. Election Campaign Financing \$5.00 May Be				1
23			28	-)				Trust Fund Contribution		Added	to Fees	1
Zip Country		⊢	⊢ · ⊢			•	8. This corporation has liability for			s. 199.032,	1	
24 25 25 9. Name and Address of Current			29 It Registered	Agent	30			Florida Statutes				+
ALTE	RMAN, LE					81	Name					1
	CYPRESS				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				1	
	KSONVILLE										1	
						City		FL	85 Zip	Code	1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida						bave d by	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose o	f changing pointment a	its registered s registered	1
SIGNATURE		for printed name of registered age						od when reinstaling)	DATE			
12.	Olg. Lagio. Applica	OFFICERS AN			13.	o rige	an o granote todate	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	IRS IN 12	1
TITLE	DP			DELETE						Change	Addition	
NAME	MANN, DOUGLAS CHARLES 1605 LAKEWOOD RD.					1.2 NAME						3
STREET ADORESS							ADDRESS					
CITY-ST-ZIP TITLE	JACKSON	AAILLE LE		DELETE	1.4 E		ST - ZIP			Change	Addition	- <u>}</u>
NAME				C Secret	2.2 N		1			Onlings	LJ Radillon	
STREET ADDRESS	į						ADDRESS					-
CITY-ST-ZIP					1		SI - ZIP					Į
TITLE				DELETE	3.1 71	116				Change	Addition	7
NAME					3.2 N	AME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	ļ 						\$1.7IP			Change	Addition	\dashv
NAME				vecen	4 2 k					Ondinge		1
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	<u> </u>				- 1		ST-ZIP					
TITLE				DELETE	5.1 Tr	ĭLĖ				Change	Addition	1
NAME					5 2 N	4.Vlč						
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP	ļ			DELETE			ST-ZIP			Chance	A delition	$\frac{1}{2}$
TITLE	1			L DELETE	6.1 11	ILE	}			Change	Addition	1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D. C. MANN

28 MPRIC 97 (904) 3982472

FILED

May 13 1997 8:00am

Secretary of State