

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

FILED

Mar 23 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 991000011981
1. Corporation Name
SP DISCOUNT INC

Principal Place of Business Mailing Address
310 MILWAUKEE AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
04.01.94

2. Principal Place of Business 2a. Mailing Address
21 SAME 26 310 ~~SAME~~ MILWAUKEE
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State ORANGE PARK FL 28 City & State
24 Zip 32073 25 Country CLAY 29 Zip 30 Country

4. FEI Number 593234366 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SAME

10. Name and Address of New Registered Agent
81 Name SEAN CHAY
82 Street Address (P.O. Box Number is Not Acceptable)
310 MILWAUKEE AVE
83
84 City ORANGE PARK FL 85 Zip Code 32043

11. Pursuant to the provisions of Sections 607 0502 and 607 1508 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 Sean Chay DATE 2.5.98

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME	<u>SEAN CHAY</u>	
STREET ADDRESS	<u>292 Fleming Dr</u>	
CITY-ST-ZIP	<u>Green Cove Spgs FL 32043</u>	
TITLE	<u>vice president</u>	<input type="checkbox"/> DELETE
NAME	<u>Sitha Taing</u>	
STREET ADDRESS	<u>2427 stockton Dr</u>	
CITY-ST-ZIP	<u>Green Cove Spgs FL</u>	
TITLE	<u>32043</u>	<input type="checkbox"/> DELETE
NAME	<u>secretary</u>	<input type="checkbox"/> DELETE
STREET ADDRESS	<u>Sokontea Ngan</u>	
CITY-ST-ZIP	<u>2427 stockton Dr</u>	
TITLE	<u>Green Cove Spgs FL</u>	<input type="checkbox"/> DELETE
NAME	<u>32043</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>400002464694</u>
53 STREET ADDRESS	<u>-03/23/98--01008--026</u>
54 CITY-ST-ZIP	<u>***150.00</u>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<u>3-23</u>
63 STREET ADDRESS	<u>SM</u>
64 CITY-ST-ZIP	

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sean Chay SEAN CHAY DATE 2.5.98

CR2E034 (10/97)