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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000099839

1. Corporation Name

CASKET DISCOUNT COMPANY

Principal Plac	e of Business	Mail	ing Address					# #1111 ##117 ##111 ##	114 66116 161	in inini inini	0 11110 1311 14B4	
5251 110TH AV	E N STE 112	5251 110TH AVE N										
STE 112			STE 112					O MOT MIDITE II	N TUIC C	DACE		
CLEARWATER FL 33760 CLEARWATER FL 33760				3. Date Incorporated of			O NOT WRITE IN THIS SPACE					
US US							l "	or Qualifed				
			4-30 6 44				12/09/1996 4. FEI Number				anlied Far	
	lace of Business	2a. Mailing Address									oplied For ot Applicable	
21	#	Suite, Apt. #, etc.					59-3414388				Additional	
Suite, Apt.	#, etc. 2	⊢					Certifcate of Statu	s Desired)		equired	
City & Stat	<u> </u>	City & State					A Flactice Compaign	- Financiae				
City & Stat	The same of the sa						6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	28	(ip	Countr	,				veer Inter			
	25	⊢ ¬	29 30				8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Currer			70 1	-		10. Name and Addre					
	3. Hamb and Addition of Suite	it itogiote		81	Name							
FINANCIAL FOUNDATIONS, INC.					<u> </u>							
2843 THAXTON DR, SUITE #37				82	Street	Addre:	ss (P.O. Box Number is	Not Acceptable	1		ĺ	
PALM HARBOR FL 34684				83	 							
				<u> </u>	.					1-al		
				84	City				FL	85 Zip	Code	
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida	Such change was au	thorized by	the corp	corpor oration	ation submits this state 's board of directors. I h	ment for the purp sereby accept the	ose of che appoints	anging its ment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if a	pplicable. (NOTE: F	Registered Age	nt signature	required v	when reinstating)		DATE		}	
12.	OFFICERS AN	ID DIREC	TORS	13.			ADDITIONS/CHAN	GES TO OFFICE	ERS AND	DIRECTO	ORS IN 12	
TITLE	Р		DELETE	1.1 TITLE		P	8. 7.	AI . D		Change	Addition	
NAME	LAURENT, THURIERE		, ,	1.2 NAME		•	Dominique	HIERIS	, 			
STREET ADDRESS	5251 110TH AVE N STE 112			1.3 STREE	T ADDRESS		5251 110th			4	ţ	
CITY-ST-ZIP	CLEARWATER FL 33760			1.4 CITY-1	ST-ZIP	(Clearwater	FL 33	760.			
TITLE			☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME	•			2.2 NAME		1					ł	
STREET ADDRESS				2.3 STREE	TADDRESS						J	
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	1						
TITLE			☐ DELETE	3.1 TITLE						☐ Change	Addition	
NAME				3.2 NAME		1	•					
STREET ADDRESS				3.3 STREE	T ADDRESS			-	~ -			
CITY-ST-ZIP	ĺ			3.4. CITY-	ST-ZIP	Į.					[
TITLE			☐ DELETE	4.1 TITLE	_				,	Change	Addition	
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	TADORESS	İ						
CITY-ST-ZIP				4.4 CITY-5								
TITLE		-	☐ DELETE	5.1 TITLE	<u></u>	 			, , ,	Change	☐ Addition	
NAME				5.2 NAME							1	
STREET ADORESS	Ī			5.3 STREE	TADORESS			•			,	
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP							
TITLE			DELETE	6.1 TITLE	_	1				Change	Addition	
NAME				6.2 NAME							Ì	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JRE REQUIRED

727-572-6226