## 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 # P9800009604

1. Corporation Name

FLORIDA DISCOUNT SECURITIES, INC.

Principal	Place	of	Business

Mailing Address

441 N.W. 72ND STREET **BOCA RATON FL 33487** 

441 N.W. 72ND STREET **BOCA RATON FL 33487** 

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90079 022 \*\*\*150.00



DO NOT WRITE IN THIS CRACE

					1 DO NOT WALLE IN THIS	OI HOL		
					3. Date Incorporated or Qualifed 01/29/1998			
2 Principal D	lace of Rusiness	2a. Mailing Address			4 FEI Number	<del></del>	Applied For	
1 1705 N CONCREC AVE 11705 N CONCRE		ESS AVENUE		65-0808702		Not Applicable		
21 1/U5 N. LUNGRESS AVE 26 1/U5 N. CUNGRESS AVE Suite, Apt. #, etc. Suite, Apt. #, etc.		200 ///2/102			<del></del>	Additional		
22 27				5. Certificate of Status Desired	Fee I	Required		
City & State City & State		ы	6. Election Campaign Financing			May Be		
	N BEACH, FL	28 BOYNTON BEACH			Trust Fund Contribution		to Fees	
Zip 24 33426	Country  25 USA	Zip 29 33487 30	Country USA	,	This corporation owes the current year Int     Personal Property Tax.	tangible	□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
UCC FILING & SEARCH SERVICES, INC.			82	Street Add	iress (P.O. Box Number is Not Acceptable)	<del>`</del>		
526	EAST PARK AVE.		02	300000				
STE. 200			83	T				
TALI	LAHASSEE FL 32302			City		96 71	p Code	
			84	City	FL	85   Zij	p Code	
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Florida	a Statutes	i.	ion's board of directors. I hereby accept the appoint	TRITIENT GS	registered	
		ND DIRECTORS	13.	ili signatula requii	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECT	TORS IN 12	
TITLE	PD OFFICERS AF	DELETE	1.1 TITLE		ADDITIONS OF ANGLO TO STATISTICA AT	Change		
NAME	VITI, ROBERT A		1.2 NAME	l l		•		
	AAA AAAA MAAAA ATRACET		i .	T ADDRESS				
STREET ADDRESS	BOCA RATON FL 33487		1.4 CITY-S					
CITY-ST-ZIP TITLE	STD	□ DELETE	2.1 TITLE	11-21		Change	e Addition	
NAME	VITI, MARGARET J		2.2 NAME	{	سو ي ي		_	
STREET ADDRESS	AAA MARKA TANIA ATTITUT		L	T ADORESS			t.	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-5					
TITLE	D007,101,107,12 00 10.	☐ DELETE	3.1 TITLE			Chang	e 🔲 Addition	
NAME	-		3.2 NAME	Ì				
STREET ADDRESS	:		3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Chang	e 🔲 Addition	
NAME			4. 2 NAME		•			
STREET ADDRESS	;[		4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•	Chang	e 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS	5			TADDRESS				
CITY-ST-ZIP	L		5.4 CITY-S	ST-ZIP			<del></del>	
TITLE		☐ DELETE	6.1 TITLE		•	Chang	e	
NAME	}	ĺ	1 6.2 NAME	-				
STREET ADDRESS	3		6.3 STREE	T ADDRESS				
CITY-ST-ZIP		!	6.4 CITY-S	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, with all other like impowered.

SIGNATURE: ROBERT A. VITI, PRESIDENT

561-735-4700