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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 21 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400000035 (5)

BUSINESS DISCOUNT PLAN, INC.

						(1) <b>Belgi e bi</b> ll <b>ee is</b> 3117	
Principal Plac	a of Business	Mailing Address				ier mmest Mittel Mittel 6141	D 1 B381 40 D I
17320 RED H	ILL	17320 RED HILL					
STE 250 IRVINE CA 92714		STE 250 IRVINE CA 92714		DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualified		
		,			01/04/1994		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Ap	plied For
21 3780 Kilroy Airport Way Suite, Apt. #, etc.		26 3780 Kilroy Airport Way Suite, Apt. #, etc.		33-0544520		t Applicable	
22 200		27 200		5. Certificate of Status Desired	] <b>\$8.75</b> A Fee Re		
City & State		City & State			6. Election Campaign Financing		<del></del>
23 Long Beach CA		28 Long Beach CA			Trust Fund Contribution	<b>\$5.00</b> i Added to	
Zip	Country	Country Zip Country		nlry	8. This corporation owes or has paid th	·	
24 9080	<u> </u>	90806	30 U	SA	Personal Property Tax due June 30.	Yes [	] No
7:11	9, Name and Address of Curren	<del></del>		81 Name	10. Name and Address of New Registe	ered Agent	
	E <b>Pre</b> ntice-Hall Corporation	JN SYSTEM, INC.		81 Name			
	01 HAYS ST., STE. 105 LLAHASSEE FL 32301			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
174	LLAMAGGEE PL 32301		-	83			
			,	64 City		FL 85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida State	ules, the ab	ove-named co	rooration submits this statement for the nurno	se of changing its	registered
agent. I as	m <b>fam</b> iliar with, and accept the obliga	ntions of, Section 607.0505, F	lorida Statu	roy the corporates.	ation's board of directors. I hereby accept the	appointment as r	registeroa
SIGNATURE	Signature, type-dior pended name of registered agr	at and bland sorb cable. (NC	Olf Registered	Accord Succedimental	u rod when reinstating) Dr	ATE	
12.	OFFICERS AND		13.	Agent agnature requ	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PD	DELETE	1.5 100	.E I		Change     Ch	Addition
NAME	THOMAS DAVID JENKINS		1.2 NAN	AE.			
STREET ADDRESS	17320 RED HILL STE 250		1.3 STR	FET ADDRESS	3780 Kilroy Airport Way	Room 200	
CITY-ST-ZIP	IRVINE CA	· · · · · · · · · · · · · · · · · · ·			Long Beach CA 90806		
TITLE		☐ DELETE	2.1 1111			∟_  Change	Addition
NAME			2 2 NAN				
STREET ADORESS				EET ADDRESS			
CITY-ST-ZIP TITLE	<u>-</u>	DELETE	2.4 GIT 3.1 TITL	Y-ST-ZIP		Change	Addition
NAME		C) officit	3 2 NAM	1		ட பவரி	LT MODITION
STREET ADDRESS				EET ADDRESS			}
CITY-ST-ZIP				Y-ST-7 P			
TITLE		DELETE	4.1 TITL			Change	Addition
NAME			4. 2 NA	ME		-	
STREET ADDRESS			4.3 STR	EE1 ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		DELETE	5.1 TITL	1		Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	<b>— •</b> — — —	'-ST-ZIP		05	Addie
NAME		LT OCCUL	61 1HL	1		Change	Addition
STREET ADDRESS			6.2 NAM	!		* *	
OHILLI ADDRESS			6.3 STRI	EET AODRESS			

14. Thereby 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.