PROFIT CORPORATION ANNUAL REPORT

1999

City & State

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #	F9400000035v

Country

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BUSINESS DISCOUNT PLAN, INC.

DOGINEOS DISCOSTA PERO			
Principal Place of Business 3780 KILROY AIRPORT WAY 200 LONG BEACH FL 90806 US	Mailing Address 3780 KILROY AIRPORT 200 LONG BEACH CA 90806 US		
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1994 Applied For Not Applicable 33-0544520 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year No.

FILED

Jul 28, 1999 8:00 am

Secretary of State

07-28-1999 90002 021 ***550.00

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301

Zip

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City & State

		10. Name ar	nd Address o	f New Reg	jistered A	gent	
81	Name						
82	Street Addres	s (P.O. Box N	Number is Not	Acceptable	e)		
_		•					
83		<u> </u>					-

Intangible Personal Property.

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, if am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Country

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agent, i a	m familiar with, and accept the obligations of, section	011 001 .000010	• •	
SIGNATURE _	Signature, typed or printed name of registered agent and title if applical	ble. (NOTE:	Registered Agent signature rec	quired when reinstating) DATE DATE
	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETÉ	1,1 TITLE	Change Addition
TITLE	PD FOR STANKING		1,2 NAME	
NAME	THOMAS DAVID JENKINS		1.3 STREET ADDRESS	
STREET ADDRESS	3780 KILROY AIRPORT WAY RM 200		l	
CITY-ST-ZIP	LONGBEACH CA 90806		1.4 CITY-ST-ZIP	Change Addition
TITLE		DELETE	2,1 TITLE	The state of the s
NAME	المسيد المستريد المست	•	2.2 NAME	
			2,3 STREET ADDRESS	
STREET ADDRESS			2.4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE	3.1 TITLE	Change Addition
TITLE		□ beceie	3.2 NAME	
NAME			3.3 STREET ADDRESS	"
STREET ADDRESS	·			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Change Addition
TITLE		DELETE	4.1 TITLE	
NAME			4.2 NAME	
}			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE	5.1 TITLE	Change Addition
TITLE	,		. 5.2 NAME	
NAME	market of the second		5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP	The state of the s		6.1 TITLE	Change Addition
TITLE		DELETE	I	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	•
CITY-ST-7IP		,	6.4 CITY-ST-ZIP	140 07(3Vi) Florida Statutes, I further certify that the information
	·			44D D7/20D FINAS STRINGS THUINE COLOR WOLLD INCOME.

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:

RITHOMAS. WAVING JENKINS