

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 MAR 25 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001788 (6)

1. Corporation Name

DISCOUNT MORTGAGE CORPORATION



Principal Place of Business

220 E. MADISON ST
SUITE 1101
TAMPA FL 33602

Mailing Address

220 E. MADISON ST
SUITE 1101
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

56-1883801

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

2. Principal Place of Business

21 1511 1/2 S. Bay Villa Pl.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33629

Country

25 Hillsborough

2a. Mailing Address

26 P.O. Box 26501

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33623-6501

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

BENSONOFF, LEONARD
220 E. MADISON ST
SUITE 1101
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3003 W. Stovall Street

83

84 City Tampa

FL

85 Zip Code

33629

10. Name and Address of New Registered Agent

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

Signature type of principal officer, registered agent and director

(NOTE: Registered Agent signature required when reinstating)

3/17/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BENSONOFF, LEONARD
STREET ADDRESS 13176 N. DALE MABRY HWY, SUITE 132
CITY-ST-ZIP TAMPA FL 33618

TITLE VSD
NAME CONNEELY, SEAN R
STREET ADDRESS 4015 BAYSHORE BLVD, SUITE 16F
CITY-ST-ZIP TAMPA FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3003 W. Stovall Street
1.4 CITY-ST-ZIP Tampa, FL 33629

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1511 1/2 S. Bay Villa Place
2.4 CITY-ST-ZIP Tampa, FL 33629

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

CR2E034 (10/97)