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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G79062

1. Corporation Name

DISCOUNT AUTO SALES, INC.

Principal Place	e of Business	Mailing Address					148 IIET BIBN 911		Trari aiait seat
19226 W DIXIE	HIGHWAY	23012 L'ERMITAGE CI							
NORTH MIAMI BEACH FL 33180		BOCA RATON LF 33433		DO NOT WELL	TE IN TUIC!	SDACE			
US		US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						01/17/1984			
2 Principal D	the se of Durainona	2a. Mailing Address				4. FEI Number		I An	plied For
<b>—</b>	lace of Business	26				59-2366187			ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	
22	,, 5.6.	27				5. Certifcate of Status Desired		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	ıtry		8. This corporation owes the curre	ent year Inta	ıngible	ļ
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New R	Registered <u>/</u>	Agent	_
				81   r	Name				
	SNER, J.		-	82 5	Street Add	dress (P.O. Box Number is Not Accepta	able)		_
	12 L'ERMITAGE CI								_
BOC	A RATON FL 33433		[1	83					
}			<u> </u>	84 (	Dity			85 Zip	Code
				- 1			<u> </u>		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	utes, the ab	ove-n	amed cor	poration submits this statement for the tion's board of directors. I hereby accept	purpose of o	changing its	registered
office of r	registered agent, or both, in the Stati Im familiar with, and accept the obli	inations of Section 607.0505. F	lorida Statut	Dy tile	s corporat	doir's posite of directors. Thereby doop	ot and appoint		giotalia
l agentina		igations of coulon control .	orida Ctata	tes.					
	,	igations of contain contact, in	orida otatai	tes.		_	_		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered A	ies.		red when reinstating)	DATE	D DIRECTO	NDS IN 12
SIGNATURE	Signature, typed or printed name of registered a	agent and trite if applicable. (NO	TE: Registered A	les. Agent si		red when reinstating) ADDITIONS/CHANGES TO OF			
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NO	TE: Registered A  13.  1,1 TITL	les. Agent si				D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS of PS KRASNER, JULES	agent and trite if applicable. (NO	TE: Registered A  13.  1.1 TITL  1.2 NAM	les. Agent si LE ME	gnature requir				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A PS KRASNER, JULES 23012 L'ERMITAGE CI	agent and trite if applicable. (NO	13. 1.1 TITL 1.2 NAM	Agent si	gnature requir				
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS of PS KRASNER, JULES	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent signed.  LE ME REET AL Y-ST-Z	gnature requir			Change	☐ Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered a OFFICERS of PS KRASNER, JULES 23012 L'ERMITAGE CI BOCA RATON FL	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAA 2.3 STR	Agent signal LE ME REET AL Y-ST-Z LE ME REET AL	pnature requir			Change	☐ Addition
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14. I hereby certify that the information supplied with this filling 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 of 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 porporation of 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 charged, show her attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP