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

DOCUMENT #

H59911

(8)

DISCOUNT MART OF THE FLORIDA KEYS, INC.

Principal Place of Business Mailing Address 5800 OVERSEAS HIGHWAY 5800 OVERSEAS HIGHWAY SUITE 40 SUITE 40 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE MARATHON FL 33050 3. Date Incorporated or Qualified 05/31/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2594580 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENMAN, FRANKLIN D. Name 5800 OVERSEAS HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 40 MARATHON FL 33050 83

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE Signature, typod or printed name of tegisterical agent and title if applicable (NOTE Registered Agent signature required when reinstating) OF LICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition BAN, STEPHEN C. NAME 1.2 NAME 3896 OVERSEAS HWY STREET ADDRESS 1.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 1.4 City - St - ZiP TITLE DELETE 2.1 THILE Change Addition GREENMAN, JUDY S. NAME 2.2 NAME 90B SOMBRERO BEACH ROAD STREET ADDRESS 23 STREET ADDRESS **MARATHON FL** CITY-ST-ZIP 2 4 CITY - S1 - 7IP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath; 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 attachine dividing the same legal effect as if made under eath; 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

SIGNATURE: Duly Sun non

CITY-ST-ZIP

CR2E034 (10/97)

Zip Code

85

FILED

Apr 30 1998 8:00am

Secretary of State