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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

1. Corporation Name DISCOUCE

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90081 022 ***150.00

Principal Place	e of Business	Mailing Address											
3149	SW 42nd St	3149 5	w c	<i>t</i> 2	nd St	T .							
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_	<i>33312.</i> (80≥ 33:					3.	3. Date Incorporated or Qualifed						
						01-10-86							
2. Principal Pl	ace of Business	2a. Mailing Address				- 1	FEI Number				App	lied For	l
21		26					59 - ZL <u>Z</u>	2645			Not	Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	5. Certifcate of Status Desired						
City & State		City & State				Election Campaig	n Financina		\$5	00 k	May Be		
23		28				- 1	Trust Fund Contribution Added to Fees						
Zip _	Country	Zip Country					-8. This corporation owes the current year Intangible						
24	25	29	30			- 1	Personal Property Tax. □Yes □No						
	9. Name and Address of Current I					10.	10. Name and Address of New Registered Agent						
				81	Name								i
į.	tarwick stephen	ı		-	Ctus st. A.	Address (D	O. Day Myssahari	a Nat Assest	abla\				l
	21609 Altamira	AUC		82	Street A	Address (P.	.O. Box Number is	s Not Accept	able)				i
				83	_								1
	Boia Raton, F1 3	· = 45 ≤											ł
				84	City				FL	85	Zip Co	ode	į
44 Durawant	to the provisions of Sections 607.0502	and 607 1509 Florida State	itoe the a	hove	named co	cornoration	cubmite this state	ement for the		changin	na its m	egistered	1
office or re	edistered agent or both in the State of	Florida Such change was	authorized	' vd b	the corpora	oration's boa	ard of directors.	hereby accer	pt the appoin	tment	as regi	stered	
agent. I ar	n familiar with, and a cept the obligation	ns of, Section 607.0505, Fl	orida Stati	utes.		× .	_		_				I
SIGNATURE			epher	` '	Hayw	sick	Pres		4-4.	- 94			
	Signature, typed or printed name of registered agent a		E: Registered	Agen	t signature req	en mertw beniupe	NDDITIONS/CHAM					RS IN 12	CR2E034 (11/98)
12.	Presiden +	DELETE		пс			DDITIONS/CI IAI	1020 10 01	TIOE/TO AIT	Cha		Addition	=
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NAME	Harwick, Stephen												පු
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR