

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K07580** (9)

1. Corporation Name
PLEASURE DISCOUNT CORP.



Principal Place of Business

% GELIFONSO H. RIVERA
18501 OCALA RD., S.E.
FT. MYERS FL 33912

Mailing Address

% GELIFONSO H. RIVERA
18501 OCALA RD., S.E.
FT. MYERS FL 33912

3. Date Incorporated or Qualified
12/17/1987

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 **4120A CLEVELAND AVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

FT MYERS FL

28 City & State

LEE

24 Zip

33901

25 Country

LEE

29 Zip

33901

30 Country

FL

9. Name and Address of Current Registered Agent

RIVERA, GELIFONSO H.
18501 OCALA RD., S.E.
FT. MYERS FL 33912

4. FLE Number

65-0026050

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **GELIFONSO H. RIVERA**

Signature typed or printed name of registered agent and title if applicable

Gelifonso H R Rivera

(NOTE: Registered Agent signature required when re-registering)

3/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **RIVERA, GELIFONSO H.**
STREET ADDRESS **18501 OCALA RD., S.E.**
CITY - ST - ZIP **FT. MYERS FL 33912**

TITLE ☐ DELETE

NAME **RIVERA, MARIA E.**
STREET ADDRESS **18501 OCALA RD., S.E.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Gelifonso H R Rivera - GELIFONSO H. RIVERA** **3/16/96** **941-936-4901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Filers

CR2E034 (12/95)