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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90023 011 ***150.00

DOCUMENT : 1. Corporation Name	#	K11	Ω/1
 Corporation Name 		1/41	04 1

DISC-J	OCKEY, INCORPORATED							
Principal Pla	ace of Business	Mailing Address	~~				<u> </u>	
	SERVICES CO	COMMERCIAL SERVICES C	in.					
6251A NORTH		62514A N DIXIE HWY						-
US LAUDE	RDALE FL 33334	FORT LAUDERDALE FL 333	334			DO NOT WRITE IN THIS	SPACE	
03		U\$				3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				10/28/1988		
21	rade of business	————				4. FEI Number	A	pplied For
Suite, Ap	t # etc	Suite, Apt. #, etc.				65-0083045		ot Applicable
22 City & Sta		27				5. Certificate of Status Desired		Additional equired
— ·	ate	City & State				6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28				Trust Fund Contribution	Added	to Fees
24	_ `	Zip	Coun	itry		8. This corporation owes the current year Inte	angible	
24	25 9. Name and Address of Curre	29	30			Personal Property Tax.	☐ Yes	□No
	o. Name and Address of Curre	ent Registered Agent		81	N.	10. Name and Address of New Registered A	Agent	
CO	MMERCIALSERVICES COMPANY	,	l'	וים	Name			
	MANORTH DIXIE HWY		8	82	Street Addres	ss (P.O. Box Number is Not Acceptable)	-	
	TE 228		ļ.					
	RT LAUDERDALE FL 3334		*	83				
	TO ENDOCHDALL I E 3554		8	34	City		85 Zip	Code
11 Pursuant	to the provide on the control of the			[•	FL	1 1 .	- 1
office or	registered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida. Such change was au	s, the abo thorized b	ove-r	named corpor	ration submits this statement for the purpose of or is board of directors. I hereby accept the appoint	hanging its	registered
agent. I a	am familiar with and accept the oblig	ations of, Section 607.0505, Flori	da Statute	es.	o oorporation	((tment as re	gistered
SIGNATURE	m ames					2/4/99	1	
12,	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE: I ND DIRECTORS		gent si	ignature required w			
TITLE	D	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND		
NAME	1 =		1.1 TITLE				☐ Change	☐ Addition
STREET ADDRESS	TORREGROSSA, JOHN		1.2 NAME					
CITY-ST-ZIP	TOTO BATTIET DIT		1.3 STRE					ſ
TITLE	FORT LAUDERDALE FL	☐ DELETE	1.4 CITY-		IP			
NAME			2.1 TITLE				☐ Change	☐ Addition
STREET ADDRESS	İ		2.2 NAME		ĺ			}
CITY-ST-ZIP			2.3 STRE					Į
TITLE		☐ DELETE	2. 4 CITY-		ZIP	···		
NAME		Dereie	3.1 TITLE				Change	Addition
STREET ADDRESS			3.2 NAME					}
CITY-ST-ZIP			3.3 STREE					}
TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE		IP			
NAME		- Settere					Change	☐ Addition
STREET ADDRESS			4. 2 NAME			•		1
CITY-ST-ZIP			4.3 STREE					
TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIF	P			
NAME	!		5.1 TITLE 5.2 NAME				Change	☐ Addition ☐
STREET ADDRESS			5.3 STREE		DRESS]
CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE	-1-21			70-	
NAME		vcc./c	6.2 NAME			Į	Change	☐ Addition
STREET ADDRESS			6.3 STREE		DRESS.			
CITY-ST-ZIP								
	ertify that the information supplied will	1 0 - 50	6.4 CITY-S	۲۱-∠۱۲	<u> </u>			

4. 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, for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/4/99 Date 954 564-3594 Daytime Phone #