

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:34

DOCUMENT # **L84556** (4)

1. Corporation Name
RECEIVABLE DISCOUNT CORPORATION

Principal Place of Business	Mailing Address
% PARAM S. BHULLAR 6301 MEMORIAL HWY TAMPA FL 33615	% PARAM S. BHULLAR 6301 MEMORIAL HWY TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 JHALMAN S. DULAY <i>cp</i>		25 8875 HIDDEN RIVER PKY		06/29/1990	05/17/1994
22 Suite, Apt. #, etc. 13201 N. 53 ST.		27 Suite, Apt. #, etc. STE 300		4. FEI Number	Applied For / Not Applicable
23 City & State TAMPA FLORIDA		28 City & State TAMPA FLORIDA		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip FL 33617	25 Country	29 Zip FL 33637	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BHULLAR, PARAM S.
14315 PROMONTORY POINT PLACE
TAMPA FL 33625

10. Name and Address of New Registered Agent	
81 Name	JHALMAN S. DULAY
82 Street Address (P.O. Box Number is Not Acceptable)	13201 N. 53 ST.
83 City	TAMPA
84 City	TAMPA
85 Zip Code	FL 33617

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 *Jhalman S. Dulay - PRESIDENT*

8.2.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS	BHULLAR, PARAM S. 14315 PROMONTORY PT PLAC TAMPA FL	1.2 NAME	
PD	DULAY, JHALMAN S. 13201 N 53RD ST TAMPA FL	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify 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: *Jhalman S. Dulay* **JHALMAN S. DULAY** 8.2.95 813 989-2736