PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000063755

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State **Katherine Harris**

04-29-1999 90169 040 ***150.00

	A DISCOUNT HOME	ES, INC.		_,					
Principal Place	e of Business		Mailing Address						
11125 PARK BL			11125 PARK BLVD.						
SEMINOLE FL 33772		104-201		DO NOT WRITE IN THIS SPACE					
U\$			SEMINOLE FL 33772 US			3. Date ir corporated or Qualifed	11110	71011	
			00			09/07/1993			,
2 Principa P	lace of Business		2a. Mailing Address			4. FEI Number		Ap	plied For
-	ace of Dusiness		26			59-3237951		No	t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8.75 A	Additional
22	π, σιο.		27			5. Certificate of Status Desired	J	Fee Re	cuired
City & Stat			City & State			6. Election Campaign Financing		\$5.00	May Be
23	.•		28			Trust Fund Contribution	J	Added to	- 1
Zip	Country		Zip	Coun	try	8. This corporation owes the current	year Intan	gible	
24	25		29	30		Personal Property Tax.			[]No
	9. Name and Address	s of Current		.45-1		10. Name and Address of New Regi	stered Aç	jent	
					81 Name				
	SCO, JOHN R			H	82 Street Acc	dress (P.O. Box Number is Not Acceptable			
	Pasadena ave. 5				Sileer Act	areas (1.0. Box Hambor is Hot / tocopiasoro	,		
S. P	ASADENA FL 33707				83				
				-				ne Zia (2 vda
				}	84 City		FL	85 Zip (JOG
SIGNATURE 12.	Signature, typed or printed na ne		and title if applicable. (NOT) DIRECTORS	Registered A	Agent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	FS IN 12
TITLE	PVST		☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME	BOSCO, THOMAS A			1.2 NAN	AE				
STREET ADDRESS	11125 PARK BLVD.,	#104-201		1 3 STF	REET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL			14 CIT	Y-ST-ZIP				
TITLE	D		☐ DELETE	2 1 TITL	E			☐ Change	☐ Addition
NAME	BOSCO, THOMAS A	\		2.2 NAM	Æ .				
STREET ADDRESS	11125 PARK BLVD,	#104-201		2.3 STF	REET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL			2. 4 CIT	Y-ST-ZIP				
TITLE		-	☐ DELETE	3.1 TITL	.E			☐ Change	☐ Addition
NAME				3.2 NAM	ME				
STREET ADDRESS	s			3 3 STF	REET ADDRESS				
C/TY-ST-ZIP				3.4. CIT	Y-ST-ZIP				
TITLE			☐ DELETE	4.1 TM	.E			Change	☐ Addition
NAME				4. 2 NA	ME				
STREET ADDRE 35	s)			42 CTE	i				
CITY-ST-ZIP	1			4,3 3 1	REET ADDRESS				
TITLE	<u> </u>				Y-ST-ZIP		<u> </u>		
NAME	 		☐ DELETE	4.4 CM 5.1 TM	Y-ST-ZIP .E			☐ Change	Addition
			☐ DELETE	4.4 CIT 5 1 TITI 5.2 NAI	Y-ST-ZIP .E ME		·	☐ Change	Addition
STREET ADORE'S			☐ DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	Y-ST-ZIP LE ME REET ADDRESS		•	☐ Change	Addition
STREET ADORE S	S		_	4.4 CIT 51 TITI 5.2 NAP 5.3 STP 5.4 CIT	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP				
	S		☐ DELETE	4.4 CIT 51 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP			_	5.1 TITE 5.2 NAF 5.3 STF 5.4 CIT 6.1 TITE 6.2 NAF	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE				
CITY-ST-ZIP			_	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI 6.3 STF	Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP				

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 attach point with an address, with a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OF DIRECTOR