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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

- I Marikaan kan maka afian adam sarki darki aakan 1840 kilik akana dimaa kiki saab

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083763 (0)

USA DISCOUNT WAREHOUSE INC.

						<u> </u>		66131 18186 1111		A INN INN	
Principal Place of Business Mailing Address 1971 FAIRWAY CIRCLE E. DUNEDIN FL 34698 DUNEDIN FL 34698-3110											
							3. Date Incorporated or Qu 11/10/1994	alified	3a. Date 04/23/		eport
······································	lace of Business	} <u>-</u>	2a. Mailing Address				4. FEI Number 59-3298065		Applied For		
Suite, Apt #, etc			Suite, Apt. #, etc.				CO 75 Additional				
27							5. Certificate of Status Desired Fee Required				
City & State	B	}	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28 Zir	· · · · · · · · · · · · · · · · · · ·	Cou	ntrv		8. This corporation has liab	ility for i	ntashible ter		
24	25	29		30	,		Florida Statutes		Yes 🔲 i		, 199,032,
<u></u>	9. Name and Address of Cu		d Agent	1331			10. Name and Address of	New Re	gistered Ag	ent	
LEW	is, lori				81	Name					
1971			B2	Street Add	iress (P.O. Box Number is Not A	cceptab	le)				
DUNEDIN FL 34698											
					83	j					
					84	City	H	***********	— .	85 Zip	Code
44 0	- 10-6	0000 - 1007	ICOO Flaciala Chat		L			(- AL	FL		
SIGNATURE	to the provisions of Sections 607 egistered agent, or both, in the S in familiar with, and accept the of Signal acceptance procedures of registers						ired when reinstaling)		DATE		
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO	O OFFIC			
TITLE	D I CON		☐ DELETE	11]	TLE				Ĺ	Change	Additio
NAME	LEWIS, LORI 1971 FAIRWAY CIRCLE E.			1.2 N/							
STREET ADORESS	DUNEDIN FL 34698			- 1		ADDRESS					
CITY-ST-ZIP TITLE	DOILDH'I E OTOGO		DELETE	1.4 C)		ST - ZIP		·	Г	Change	Additio
NAME			Decere	22 N/					L	, onunge	
STREET ADDRESS	i					I ADDRESS					
CITY - ST - 7/P				2.4C	ITY-	ST - ZIP					
TITLE			DELETE	3.1 71	TLE.					Change	Additio
NAME				3.2 N/	AME	ļ					
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			- DEVETE			ST-ZIP				T 65	
TITLE			L.J DELETE	4.1 70					<u> </u>	Change	L Additio
NAME Orners solve on				4 2 N		•					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CI 5.1 Ti	******	ST-ZIP				Change	Additio
NAME			_ occur	5.2 NA		ļ			1	, ondige	AUGIII
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			DELETE	5.4 CI 6.1 Ti		21- 4IF				Change	Additio
NAME			the state of	6.2 NA					·	,	5,
STREET ADDRESS						LADORESS					

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fiting 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 suppliemental 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 chapted, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR