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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091486 (8)

1. Corporation Name

J & N DISCOUNT, INC.



Principal Place of Business

Mailing Address

**6550 INTERNATIONAL DRIVE
SUITE 102
ORLANDO FL 32819**

**6550 INTERNATIONAL DRIVE
SUITE 102
ORLANDO FL 32819**

2. Principal Place of Business

2a. Mailing Address

21 **7215 International Dr**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Orlando FL**

28

Zip

Country

Zip

Country

24 **32819**

25 **Orange**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHOMER, JOSE A
6550 INTERNATIONAL DRIVE
SUITE 102
ORLANDO FL 32819**

81 Name **Mahomer, Jose E.**
82 Street Address (P.O. Box Number is Not Acceptable) **7215 International Dr**
83
84 City **Orlando** FL 85 Zip Code **32819**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MAHOMER, JOSE E**
STREET ADDRESS **3420 BUFFAM PLACE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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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 **Jose E Mahomer** ☐ Change ☐ Addition
1.2 NAME **7879 St. Andrew Circle**
1.3 STREET ADDRESS **Orlando FL 32835**
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-15-96

407-363-1742

CR2E034 (12/95)