

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084603 (6)

1. Corporation Name

DISCOUNT MERCHANDISERS, INC.



Principal Place of Business

Mailing Address

6491 NW 190TH TERRACE
MIAMI FL 33015

6491 NW 190TH TERRACE
MIAMI FL 33015

3. Date Incorporated or Qualified
10/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 15866 SW 15th Street

Suite, Apt. #, etc

22

23 Pembroke Pines FL

24 33027 25 Broward

26 15866 SW 15th Street

27 Suite, Apt. #, etc

28 Pembroke Pines FL

29 33027 30 Broward

4. EET Number

65-0625908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

KLEINBERG, BRUCE F
6491 NW 190TH TERRACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name Kleinberg, Bruce F
82 Street Address (P.O. Box Number is Not Acceptable)
15866 SW 15th Street
83
84 Pembroke Pines FL 85 Zip Code 33027

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

(NOTE: Registered Agent signature required when reinstating)

DATE

B. F. Kleinberg Bruce F Kleinberg Director 6/27/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME KLEINBERG, BRUCE F
STREET ADDRESS 6491 NW 190TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Kleinberg, Bruce F
1.3 STREET ADDRESS 15866 SW 15th Street
1.4 CITY-ST-ZIP Pembroke Pines FL 33027

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

B. F. Kleinberg Bruce F. Kleinberg Director 6/27/96 954 431 5395

CR2E034 (3/96)