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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90014 041 ***558.75

DOCUMENT # P95000084603 1. Corporation Name Oiscount Merchandisers, 1	tnc.			
Principal Place of Business Mailing Address 15866 SW 1573 St Mailing Address	SW 15th St			
		DO NOT WRITE IN THIS SPACE		
1 EVNOTORE DIE		3. Date Incorporated or Qualifed		
33027 U.S. 33027 U.S.		10/31/95		
2. Principal Place of Business 2a. Mailing Address		4. FEI Number 65-0625908	Applied Not App	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		~	\$8.75 Additi	
27		5. Certifcate of Status Desired	Fee Require	
City & State City & State		6. Election Campaign Financing \$5.00 May Be		
Zip Country Zip Country		Trust Fund Contribution Added to Fees		
Zip Country Zip 22 30 30	a	 8. This corporation owes the current year Int. Personal Property Tax. 	angibie XXYes □N	lo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
0 (),	81 Name			
Bruce F. Kleinberg	ss (P.O. Box Number is Not Acceptable)			
15866 SW 15th St	83			
• •			85 Zip Code	
Pembruke Pines, FL 33027 U.	1 1	FL_		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorized to the section of t	the above-named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	changing its regis ntment as register	itered red
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	Statutes.	F/14/	99	
SIGNATURE 5 . / August 17 / U Cu t Signature, typed or printed name of registered agent and title if applicable (NOTE Re	gistered Agent signature required	when reinstating) DATE	1	— <u> </u>
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE PRESIDENT DELETE	1.1 TITLE		Change] Addition
NAME BRUCE F VILEINBERL	1.2 NAME			
STREET ADDRESS 15846 SW 15th ST	1.3 STREET ADDRESS			
CITY-ST-ZIP POMBRUNE PINES FL 33027	1.4 CITY-ST-ZIP		Change	Addition
7,20 1,001	2.1 TITLE 2.2 NAME		C ondrigo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME BROKE PROCESSION	2.3 STREET ADDRESS			
STREET ADDRESS 1586 ST 154 ST	2, 4 CITY-ST-ZIP			
STREET ADDRESS 15866 SH 150 ST CITY-ST-ZIP DEMORRANDE PINES FL 33027 TITLE LHAIRMIN DELETE	3.1 TITLE		Change	Addition
NAME - BRUCE - HUEINDERL	-3.2 NAME -			
STREET ADDRESS 15866 SW 15 TO 31	3.3 STREET ADDRESS			
CITY-ST-ZIP PEMBRUME PINES FL 3302)	3.4. CITY-ST-ZIP			7 Addition
CITY-ST-ZIP PEMBROUGE PINES F. 33027 TITLE SECRETORY DELETE	4,1 TITLE		Change] Addition
NAME BAULE F. MLETNISER	4. 2 NAME			
SECRETORY NAME SAULE F. MLEINBERG STREET ADDRESS CITY-ST-ZIP TREASURE PINES TREASURE DELETE TREASURE TREASU	4.3 STREET ADDRESS			
TITLE TOWAS LEVE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TREASURY F WIFINGERG	5.2 NAME		- · ·	
STREET ANDRESS 15866 SW 1500 SA	5.3 STREET ADDRESS			
NAME BRULE F. KLEINBERG STREET ADDRESS CITY-ST-ZIP PRIMBRONE PINES FL 33027	5.4 CITY-ST-ZIP			
TITLE DELETE	6.1 TITLE		Change	Addition
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP