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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

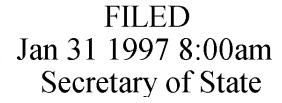
## DOCUMENT # P96000016313 (4)

MEMORY DISCOUNT PRODUCTS, INC.

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6949	LBAI	EAU	ōт	A NC	

Mailing Address

2253 HIALEAH ST NE. Palm bay Fl 32907 2253 HIALEAH ST NE. PALM BAY FL 32907-2650



PALM BAY FL 3	2907	PALM BAY FL 32907-2650					
					3. Date Incorporated or Qualified 02/19/1996	3a. Date of	Last Report
2. Principal Pla	ice of Business	Mailing Address	١ ^	. 0.1.	4. FEI Number		Applied For
11 3 70	U 10. How borully	10 26 3700 N Ha	apor C	ity blud	59-3364817		Not Applicate
Suite, Apl. #	e de	Suite, Apt. #, etc. 27 Swite 2	<u> </u>		5. Certificate of Status Desired		3.75 Additional Fee Required
3 MS/	bourne, FL	City & State	rve,	FL	Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
ब <sup>४</sup> ० <b>३</b> ६९२	Country 25		Couh 30	ry	8. This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agen	i .
	CARELLI, HOLLY B		8	1 Name			
	HIALEAH ST NE.		ε	2 Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
PALM	BAY FL 32907						
			8	3			
			· E	4 City		FL B5	Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	I ove-named corp	oration submits this statement for the p	urnose of char	l naina its realstere
office or re-	gistered agent, or both, in the State i familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the corporati	on's board of directors. I hereby accep	ot the appointm	ent as registered
SIGNATURE	The state of the s	100 10 01 000001 001 00001 10	nou oldia		•		
	glistus, typed or orini, Janvis, of regularid ago	nt and title if sypticable (NOTE	: Registered /	Agent signature require	ed when reinstating)	DAYE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12
TITLE	D	DELETE	1.1 TITE				hange 🔲 Addith
ſ	MARCARELLI, RICHARD		1.2 NAM	E			
	2253 HIALEAH ST, NE		1.3 SIR	ET ADDRESS			
	PALM BAY FL 32907		1.4 C(1)	-\$1-ZIP			
1	D	LJ DELETE	2 1 TITL				hange L Addition
	MARCARELLI, HOLLY B		2.2 NAV	E			
	2253 HIALEAH ST, NE		2.3 STR	ET ADDRESS			
	PALM BAY FL 32907	T DELCTE		( - ST - ZIP			
IIILE		☐ DELETE	3.1 T/TL	•		[] t	hange L Addition
vamé			3 2 NAM				÷
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TIBLE NAME		L.J. DELTIE	4.1 1(1)			L (	hange [] Additi
STREET ADDRESS			4.2 NA				
			1	ET ADDRESS			
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AM?		[_] O.C.I.	5.2 NAM			L V	mange [_] Addition
TREET AUDRESS				ET ADDRESS			
CHY-\$1-ZIP			1	-ST-ZIF			
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NAME		No.col. C. C. C. C.	6.2 NAM				IIII
STREET ADDRESS			1				
DITY-S1-ZIP				ET ADDRESS			
	certify that the information supplier	d with this Eina does not qualify		-ST-ZIP xemotion stated	In Section 119.07(3)(i), Florida Statutes	e I further cert	fu 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 attachment with an address.

SIGNATURE

NATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97 (407)728-7074