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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthem

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Jun 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000023197 (2)

DISCOUNT EXPRESS CO.

STREET ADDRESS CITY-ST-ZIP

appears in Block 12 or Bjeck

Principal Place of Business Mailing Address 2730 REYNOLDS RD. 2700 REYNOLDS RD. LAKELAND FL 33801-8798 LAMELAND FL 88801-3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHAN, YA-PING 2730 REYNULDS RD. 82 Int Acceptable) **LAKELAND FL 33801** 83 84 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 familifir with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS DIBECTORS IN 12 13. DELETÉ Change Addition TITLE 1.1 MILE CHAN, YA-PING-JOHN CHAN NAME 1.2 NAME 2700 REYNOLDS RD. 9017 US 98'N STREET ADDRESS 1.3 STREET ADDRESS LAKELAND, FL 33809 LAKELAND FL 83801 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 THLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 611016 Change Addition NAME 6.2 NAME

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 changing, or on an attachment without address.

, or on an attachment with an address.