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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Discounts B-4-U-Go, Inc.

Principal Place of Business

Mailing Address

5401 S. Kirkman Rd. Suite 480

| | | DO | TOM | WRITE | IN | THIS | SPAC |
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GEOGRETARY OF STATE TALLAHASSEE, FLORIDA

| Orlando, F1 32819 | | 3. Date Incorporated or Qualified May 17, 1996 | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| 2. Principal Place of Business | 2a, Mailing Address | 4. FEI Number | Applied For |
| 21 5401 S. Kirkman Rd. | 26 5401 S. Kirkman Rd | 59-3380908 | Not Applicable |
| Suite, Apt. #, etc. 22 Suite 480 | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 Orlando, Fl | City & State 28 Orlando, -Fl | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 24 32819 25 U.S.A. | 29 32819 30 U.S.A. | This corporation owes the current year Interpretation Personal Property Tax. | angible □Yes □No |
| 9. Name and Address of Current | Registered Agent | 10. Name and Address of New Registered | Agent |
| F. Tait Carson | 81 Name Brett | Rowland | |

7787 Snowberry Circle Orlando, Fl 32819

| Name |
|--|
| Brett Rowland |
| Brett Rowland Street Address (P.O. Box Number is Not Acceptable) |
| 5401 S. Kirkman Rd Suite 480 |
| |
| Suite 480 |
| |

| B4 | City | 85 |] Zip Code | |
|-----|---|------|----------------|--------|
| | Orlando FL | | 32819 | |
| ove | -named corporation submits this statement for the purpose of ϵ | hang | ging its regis | stered |
| by: | he corporation's board of directors. I hereby accept the appoint | men | t as register | red |

| 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 families with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | |
|---|--|-----------------|-----------------------------|--------------------------------------|------------|--------------|--|
| SIGNATURE | Statisture, typed or printed name of registered agent and title if app | Brett Rowl | egistered Agent signature n | 6-23- equirad when reinstating) DATE | 99 | _ | |
| 12. | OFFICERS AND DIRECTO | ORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | NO DIRECTO | RS IN 12 | |
| TITLE | P/D; S/D; T/D | T OELETE | 11 TITLE | P/D; S/D; T/D | Change | X Addition | |
| NAME | F. Tait Carson | | 1.2 NAME | Brett Rowland | | | |
| STREET ADDRESS | 7787 Snowberry Circle | | 1.3 STREET ADDRESS | 5401 S. Kirkman Rd., Suite | 480 | [| |
| CITY-ST-ZIP | Orlando, Fl 32819 | | 1.4 CiTY-ST-ZiP | Orlando, Fl 32819 | | . [| |
| TITLE | | DELETE | 2 1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | | | 22 NAME | 1000002924 | | 8 | |
| STREET ADDRESS | | | 23 STREET ADDRESS | -07/06/991 | | | |
| CITY-ST-ZIP | | | 2 4 CITY-\$T-ZIP | *****61.25 | **** | 31.25 | |
| TITLE. | | ☐ DELETE | 3 1 TITLE | | [_] Change | [] Addtion | |
| NAME | | | 32 NAME | | | 1 | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |) | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | <u></u> | | j | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change | [_] Addition | |
| NAME | | | 4 2 NAME | | | Ì | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | | | |
| TITLE | | [] DELETE | 51 TITLE | | []] Change | [_] Addition | |
| NAME | | | 5.2 NAME | | | 1 | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | | ĺ | |
| C/TY-ST-ZIP | | | 54 CITY-ST-ZIP | | | ļ | |
| TITUE | | [] DELETE | 6 1 TITLE | | [] Change | [] Add tion | |
| NAME. | | | 62 NAME | | | ļ | |
| STREET ADDRESS | | | 63 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 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, the 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 a Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CiTY-ST-2iP

6-23-99 (407) 248-8986

Joe K. Moore Attorney at Law

One San Jose Place, Suite 17
Jacksonville, FL 32257
Telephone (904) 262-2496 FAX (904) 292-4221

June 24, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

SUBJECT: DISCOUNTS B-4-U-GO, INC.

Ref. Number: P96000043889

Enclosed please find updated annual report for the above corporation.

Also enclosed is check for \$61.25 to cover the required filing fee.

truly yours

Jøe K. Moore

JKM:pb

Enclosures