SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION The last the Sandra B. Mortham ANNUAL REPORT Secretary of State · 1997 **DIVISION OF CORPORATIONS** 97 OCT -2 MIII: 30 DOCUMENT # P96000053828 (5) SECRETARY OF STATE TALLAHASSEE FLORIDA **DISCOUNT OPERATING SYSTEMS, INC.** Principal Place of Business Mailing Address 15280 GREENOCK LANE 15260 GREENOCK LANE FT. MYERS FL 33912 FT. MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996 2. Principal Place of Business 2a. Mailing Address 65-0673018 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHEER, JACK 81 Name 15260 GREENOCK LANE 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33912 83 64 City 85 Zip Code 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 typod or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required whon reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/9/ TITLE ☐ DELETE 1.1 TITLE Change Addition SHEER, JACK NAME 1.2 NAME 15260 GREENOCK LANE STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE BADALI, KENNETH 2.2 NAME 905 SE 31ST TERR. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 2. 4 CITY-\$1-ZIP DELETE TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 changed, or on an attachment with an address.

SIGNATURE:

SIGN