

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
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065685 (5)

1. Corporation Name

DISCOUNT AUTO, INC.

Principal Place of Business

7731 OLD FLORAL CITY RD. SUITE 1
FLORAL CITY FL 34436-0296

Mailing Address

7731 OLD FLORAL CITY RD. SUITE 1
FLORAL CITY FL 34436-0296

FILED

97 SEP 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/05/1996

4. FEI Number

59-3419346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 156 N. Florida Ave.

Suite, Apt. #, etc.

22

City & State

23 Inverness, FL

Zip

24 34453

Country

25 U.S.

2a. Mailing Address

26 156 N. Florida Ave.

Suite, Apt. #, etc.

27

City & State

28 Inverness, FL

Zip

29 34453

Country

30 U.S.

9. Name and Address of Current Registered Agent

KOVACH, MICHAEL T
7731 OLD FLORAL CITY RD. SUITE 1
FLORAL CITY FL 34436-0296

10. Name and Address of New Registered Agent

81 Name

Michael T. Kovach

82 Street Address (P.O. Box Number is Not Acceptable)

203 Courthouse Square

83

Inverness

84 City

Inverness

FL

85 Zip Code
34450

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOVACH, MICHAEL T
7731 OLD FLORAL CITY RD, SUITE 1
FLORAL CITY FL 34436-0296

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Richard L. Harwell
11224 S. Turner Avenue
Floral City, FL 34436

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP/S
Lillian A. Knipp
11224 S. Turner Avenue
Floral City, FL 34436

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
Janet Knipp
11280 S. Turner Avenue
Floral City, FL 34436

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition
9000002294019-2
-09/16/97-01027-013
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE

Signature of Registered Agent

8-28-97 (252) 344 3000

CB2E034 (4/97)