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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000089649 (3)

1. Corporation Name
CITY DISCOUNT, INC.

Principal Place of Business

21 B MOORE ROAD
HAINES CITY FL 33844

Mailing Address

21 B MOORE ROAD
HAINES CITY FL 33844-8688

3. Date Incorporated or Qualified
10/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 19 E. Wall St.
Suite, Apt. #, etc.

2a. Mailing Address

26 19 E. Wall St.
Suite, Apt. #, etc.

4. FEI Number

59-3408736

Applied For

Not Applicable

22 City & State

23 Frostproof, FL 33843

24 Zip Country

27 City & State

28 Frostproof, FL 33843

29 Zip Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ELYAMAN, KHALED Y
21 B MOORE ROAD
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	D	DELETE
NAME	ELYAMAN, KHALED Y	
STREET ADDRESS	21 B MOORE ROAD	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	D	DELETE
NAME	ELYAMAN, TAREQ	
STREET ADDRESS	21 B MOORE ROAD	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	D	DELETE
NAME	ELYAMAN, AMANAHA	
STREET ADDRESS	21 B MOORE ROAD	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	D	DELETE
NAME	ELYAMAN, MAHAMAD	
STREET ADDRESS	21 B MOORE ROAD	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	D	DELETE
NAME	ELYAMAN, MAHMOYD	
STREET ADDRESS	21 B MOORE ROAD	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0394142

CR2E034 (9/96)