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Apr 29 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 # P96000099081 (7)

1. Corporation Name
DISCOUNT INSURANCE USA, INC.



Principal Place of Business
3201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

Mailing Address
3201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306-1032

3. Date Incorporated or Qualified 12/06/1996	3a. Date of Last Report
4. FEI Number 65-0726058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 Suite 201	26 Suite, Apt. #, etc. 27 Suite 201
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

SANDLER, ROBERT A
3201 NORTH FEDERAL HIGHWAY, Suite 201
FORT LAUDERDALE FL 33306

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	Bruce H. Kramer
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	VD <input type="checkbox"/> DELETE
NAME	Robert J. Silverman
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	SD <input type="checkbox"/> DELETE
NAME	Robert A. Sandler
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	Edward J. Lawson
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	D <input type="checkbox"/> DELETE
NAME	Michele V. Lawson
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E034 (9/96)