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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90078 043 ***150.00

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DISCOUNT MAILER, INC.

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Principal Place	of Business	Mailing Address		7 T TEOTHOR ING 1911) 1961) ORING ADDITION	} 	#1 (##)
400 MIDGUMME		400 MIDOUNIMER OCURT				
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3341		1``				
				DO NOT WRITE I	N THIS SPACE	·
				3. Date Incorporated or Qualifed 03/31/1997		
2. Principal Pl	ace of Business	2a. Mailing Address	. :	4. FEI Number	Applied I	
21 130 S	CILVER BOLL CREECENT	26 130 SI/YEL BE	LL CRESUBN	<u>7 65-0744988</u>	Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additio	
22		27			Fee Required	
City & State	•	City & State	1-1-1-21	6. Election Campaign Financing	\$5.00 May E	
	Paln BBACH, FL	28 ROYAL PALM ?		Trust Fund Contribution	Added to Fee	s
Zip	Country	Zip 29 334// 30	Country	8. This corporation owes the current	year Intangible ————————————————————————————————————	.
24 334/				Personal Property Tax.		,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regi	areign with	
RUR	DICK, GEOFFREY C		Oi Ivaille	<u> </u>		
1110 N. OLIVE AVE.			82 Street Address (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401		93			
****	TALM BEACHTE GOTO		83	·		
İ			84 City		FL 85 Zip Code	
						borod
office or n	egistered agent, or both, in the State of	Florida. Such change was autho	orized by the corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept th	e appointment as registere	ed
Onice of it	m familiar with, and accept the obligation	no of Coation 607 0505 Florida	Statuton			
agent. i a	m tamıllar with, and accept the obligation	ons of, Section bur usus, Fiblida	Statutes.			
-						_
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agent signature requi		DATE	-
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SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Reg	gistered Agent signature requi	ADDITIONS/CHANGES TO DEFIC	ERS AND DIRECTORS IN	N°12 Addition
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CITY-ST-ZIP 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 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, with all other like empowered.