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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P97000054838 |
|--------------------|--------------|
| 1 Corneration Name | . 0,00000 |

| DISCOU | nt mobility of Florida | , INC. | | | | | | | |
|---|--|---|--------------------------------|--|---|--|----------------------------|----------------------------------|------------------------------|
| Principal Place | a of Business | Mailing Addres | 88 | | | | 100f 007 40 60 60 | El Áilíi ainti Iáian | illitt ittit sams |
| 2065 12TH STR | | 2045 12TH STF | | | | | | | |
| SARASOTA FL | | SARASOTA FL | | | | | | | |
| US | | | | | | DC | NOT WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated 06/20/1997 | or Qualifed | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Ad | dress | | | 4. FEI Number . | | Apı | plied For |
| 21 | | 26 | | | | 65-0357026 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. | #, etc. | | | 5. Certifcate of Status | Desired | \$8.75 A Fee Re | |
| City & State | e | City & Sta | te | | | 6. Election Campaign | Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contrib | ution | Added to | |
| Zip | Country | Zip | | Country | | 8. This corporation ov | ves the current year I | ntangible | 1 |
| 24 | 25 | 29 | 3 | 10 | | Personal Property | Тах. | Yes | □No |
| _ - | 9. Name and Address of Currer | nt Registered Agen | ıt | | | 10. Name and Addres | s of New Registere | d Agent | |
| | | | | 81 | Name | | | | İ |
| | Him, Eugene 5 12th Street | | | 82 | Street A | Address (P.O. Box Number is | Not Acceptable) | | |
| SARA | ASOTA FL 34237 | | | 83 | | | | · | |
| | | | | 84 | City | | | 85 Zip C | Code |
| | | | | | J | | <u> </u> | <u> </u> | - Indiana and |
| | to the provision 77 Sections 607 050 | 02 and 607 1508 FM | orida Statutes | | a-named i | corporation submits this stater | nent for the purpose t | or changing its | registered |
| office or re agent, I ar | to the provision of Sections 507.056 egistered gent or both in the State in familiar with and agree the obliga | of Florida. Such cha attens of, Section 60 | ange was aut 7.0505, Florid | thorized by | the corpo | oration's board of directors. I h | ereby accept the app | ointment as req | gistered |
| SIGNATURE | occupat year | | CAK | IIIEN | KU | SHIM PRIS. | ereby accept the app | ointment as rec 1 → 9 9 | gistered |
| SIGNATURE | Signature, typed or printed name of requirered age | ent and title if applicable. | CAK | Registered Age | KU | OKIS. equired when reinstation | DATE | 7-97 | |
| SIGNATURE | Signature, typed or printed hame of regulared age | ent and title if applicable. ND DIRECTORS | (NOTE: F | Registered Ager | KU | OH/// ORAS. equired when reinstations. ADDITIONS/CHANG | DATE DES TO OFFICERS A | 7-97 | PRS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printegrame of required age OFFICERS AI | ent and title if applicable. ND DIRECTORS | CAK | Registered Ager 13. 1.1 TITLE | KU | OH/// ORAS. equired when reinstations. ADDITIONS/CHANG | DATE DES TO OFFICERS A | AND DIRECTO | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printeghame of requiered age OFFICERS AI D KUSHIM, EUGENE | ent and title if applicable. ND DIRECTORS | (NOTE: F | Registered Ages 13. 1.1 TITLE 1.2 NAME | nt signature re | OH/// ORAS. equired when reinstations. ADDITIONS/CHANG | DATE DES TO OFFICERS A | AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printeghame of requiered age OFFICERS AI D KUSHIM, EUGENE 2045 12TH STREET | ent and title if applicable. ND DIRECTORS | (NOTE: F | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | nt signature re | ADDITIONS/CHANGE PRESIDENT KUSHIM, CARME 2045 1274 ST | DATE SES TO OFFICERS A | AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printeghame of requiered age OFFICERS AI D KUSHIM, EUGENE | ent and title if applicable. ND DIRECTORS | (NOTE: F | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S | nt signature re | OH/// ORAS. equired when reinstations. ADDITIONS/CHANG | DATE SES TO OFFICERS A | AND DIRECTO | RS IN 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 received in 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 an attackment with an address, with all other like empowered.

6.3 STREET ADORESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS