FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

UNIT 4

101 W 48TH STREET

2a. Mailing Address

JACKSONVILLE FL 32208

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016902

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

101 W 48TH STREET

JACKSONVILLE FL 32208

DISCOUNT KIDSWEAR, INC.

21		26				59-3488143		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			·				\$8.75	
22	27					5. Certifcate of Status Desired	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
28						Trust Fund Contribution	Added t	,
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	r Intangible	
24	25	29 3	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current F	Registered Agent			•	10. Name and Address of New Register	red Agent	
AZIZ, ZAHI ABDELAZIZ				81	Name			
101 W 48TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
UNIT 4								
JACKSONVILLE FL 32208				B3				
JACKSONVILLE PL 32200				B4	City		85 Zip C	Code
					···,	F	=L " "	
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 as		_	gent s	signature required v			
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS		
TITLE	-			1.1 TITLE			☐ Change	☐ Addition
NAME	ABDELAZIZ, ZAHI							
STREET ADDRESS				EETA	DDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY		ZIP			
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRI	EETA	DORESS			}
CITY-ST-ZIP				Y-\$T-	ZIP			
TITLE	☐ DELETE 3.11						☐ Change	☐ Addition
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE					
CITY-ST-ZIP				(-ST-	ZIP		C 01	Pro A deliciono d
TITLE			4.1 TITLE				Change	Addition f
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		<u> </u>		☐ Change	☐ Addition
NAME			5.2 NAM			•	☐ Change	☐ Addison
STREET ADDRESS			5.3 STRE		DORESS]
CITY-ST-ZIP			5.4 CITY-					,
TITLE		☐ DELETE	6.1 TITLE		-		☐ Change	Addition
NAME			6.2 NAMI	E				
STREET ADDRESS			6.3 STRE		DORESS			
CITY-ST-ZIP			6.4 CITY-					
14. I hereby co	ertify that the information supplied with t	his filing does not qualify for th	ne exemi	otion	stated in Sec	ction 119.07(3)(i), Florida Statutes. I further	certify that the in	formation
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.								

SIGNATURE:

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90004 003 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/20/1998

4. FEI Number