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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054278

EJAT INCORPORATED

Principal Place of Business
1000 EDANIZI AND DOAD

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90144 002 ***150.00



Discount Disco	- of Dunings	Mailing Address			1 INCHINAL CIR INCELLANCE AND AN				
Principal Place		="							
1029 FRANKLAND ROAD TAMPA FL 33629		1029 FRANKLAND ROAD TAMPA FL 33629							
IAMPA PL 330	29	IAMPA FL 33029			DO NOT WRI	TE IN THIS S	SPACE		
					3. Date Incorporated or Qualifed				
					06/12/1998 .				
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
	,	26			59.3521457		No	t Applicable	
- 1		Suite, Apt. #, etc.					\$8.75	Additional	
22	ii, 0.0.	27			5. Certifcate of Status Desired		Fee Re	quired	
City & State	8	- City & State			6. Election Campaign Financing		\$5.00	May Be	
23	_	28			Trust Fund Contribution		Added t		
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curn	ent year Inta	ngible		
24	25	29 3	0		Personal Property Tax.	-	☐Yes	□No	
2	9. Name and Address of Current				10. Name and Address of New F	egistered A	gent	411.7	
· · · · · · · · · · · · · · · · · · ·		•		81 Name					
HAD	LOW, RICHARD B		-	02 C++ ^	ddress (P.O. Box Number is Not Accepta	thle)			
220	SOUTH FRANKLIN STREET			82 Street A	duress (F.O. box Number is Not Accepte	ioio)			
TAM	IPA FL 33602		-	83		-			
	•						T I		
•				84 City		FL	85 Zip (Code	}
44 Durawant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the ab	oove-named o	orporation submits this statement for the	nurnose of o	hanging its	registered	
office or r	registered agent, or both, in the State O	i Florida. Such change was auti	nonzea	by the corbor	ration's board of directors. I heraby accep	t the appoint	tment as re	gistered	}
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	ites.					
SIGNATURE					·				l
OIGHT		ANTE-D	logistama i	Agent cignoture rec	uired when reinstation)	DATE			_
	Signature, typed or printed name of registered agent		-	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12	é
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	* 1			DIRECTO	RS IN 12	44,00
12. TILE	Signature, typed or printed name of registered agent OFFICERS AND President	DIRECTORS DELETE	13. 1.1 TIT	i.e.					(44/00)
12. TITLÉ NAME	Signature, typed or printed name of registered agent OFFICERS AND President	DIRECTORS DELETE	13. 1.1 TITI 1.2 NA	LE ME					(44/06)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND President Terry Woods 1029 Frunkland	DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF	LE ME REET ADDRESS					20E024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND President	D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	LE ME REET ADDRESS IY-ST-ZIP					CB0E004 (44,00)
12. TITLÉ NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND President Terry Woods 1029 Frunkland	DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI	LE ME REET ADDRESS IY-ST-ZIP			☐ Change	Addition	CD0E004 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent. OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	LE ME REET ADDRESS IY-ST-ZIP LE ME			☐ Change	Addition	CB2E034 (11/08)
12. TITLÉ NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent. OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITE 2.2 NAI 2.3 STE	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS			☐ Change	Addition	CB2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	DELETE DELETE DELETE DELETE	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT	LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS TY-ST-ZIP			☐ Change	☐ Addition	(11,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			☐ Change	Addition	VBDE034 /41/08
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	DELETE DELETE DELETE DELETE	13. 1.1 TITT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAI	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME MME			☐ Change	☐ Addition	790,447,087
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	DELETE DELETE DELETE DELETE	13. 1.1 TITT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAI 3.3 STF	LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS			☐ Change	☐ Addition	V007C007
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND President Terry Woods 1029 Frunkland Tampa, 74 334	DELETE DELETE DELETE DELETE	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE TY-ST-ZIP			☐ Change	☐ Addition	V9021700
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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.

Hlvv199