**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059922

1. Corporation	ONE DISCOUNT SERVICES.	ING.						
10001111				•	E IERAKBAI IAN BALUT IRAH ABIN BANG BAHA BAIR BAKA	<b>1300 1600</b> 11	<b>116</b> (16) (16)	
Principal Place	of Business	Mailing Address			1			
6101 W. ATLANTIC BLVD., SUITE 200 6101 W. ATLANTIC BLVD., SUITE 200 MARGATE FL 33063				10		•		
MARGATE FL 3	<b>1063</b>	MARGATE PL 33003			DO NOT WRITE IN THIS SPA	ACE		
					3. Date incorporated or Qualified			
					07/06/1998			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FELNumber - 0875678		lied For	
21		26					Applicable	
Suite, Apt.	#, etc	Sulte, Apt. #, etc.			5. Certificate of Status Desired	8.75 Ac Fee Req		
22		City & State			Clarken Conseign Financing	\$5.00 N		
City & State	<u> </u>	28	-		6. Election Campaign Financing Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year intang	ipio		
24	25	29 3	:0	_			]No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	<u>nt</u>		
		· <del></del>		81 Name				
	CKE, LAWRENCE E			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	NE 33RD STREET							
FIL	AUDERDALE FL 33308			83				
1 -				84 City	FL	5 Zip Co	ode	
*				<u> </u>	FL	ogina its o	egistered	
11. Pursuant i office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	i, the ai horized la Stati	bove-named corporat the corporat utes.	poration submits this statement for the purpose of cha- tion's board of directors. I heraby accept the appointment	ent as regi	bereta	
SIGNATURE						_	<u> </u>	_
l	Signature, typed or printed name of registered agent		_	Agent signeture requi	had when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND D	WRECTOE	25 IN 12	98)
12.	PSTD	DIRECTORS	13.	D.E.		Change		7
TITLE			1170			ो रूपालः सीव	☐ Addition	-
l	,	☐ DELETE	1,1 TF	ue-	_	i cura file	☐ Addition	7,
NAME	KALLWITZ, CAMILLE F	DELETE	1.2 N			i enerita	Addition	E034 (1
STREET ADDRESS	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE	1.2 NA 1.3 ST	REET ADDRESS	<u>-</u>	i cuesta	☐ Addition	R2E034 (1
	KALLWITZ, CAMILLE F	DELETE	1.2 NA 1.3 ST	REET ADORESS		) Change	Addition	CR2E034 (11/98)
STREET ADDRESS CITY-ST-ZIP	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	☐ DELETE  E 200	1.2 NA 1.3 ST 1.4 CF	REET ADDRESS TY-ST-ZIP TLE				CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	☐ DELETE  E 200	1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	REET ADDRESS TY-ST-ZIP TLE				CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	E 200	1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP TLE		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	☐ DELETE  E 200	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CD 3.1 TH	REET ADDRESS TY-ST-ZIP TLE WE TREET ADDRESS TY-ST-ZIP TLE				CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	E 200	1.2 MA 1.3 ST 1.4 CF 2.1 TM 2.2 MA 2.3 ST 2.4 CD 3.1 TM 3.2 MA	REET ADDRESS TY-ST-ZIP TUE UME REET ADDRESS TY-ST-ZIP TLE		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	E 200	1.2 M 1.3 ST 1.4 CF 2.1 TH 2.2 MA 2.3 ST 2.4 CG 3.1 TH 3.2 NA 3.3 ST	REET ADDRESS TY-ST-ZIP TUE UME REET ADDRESS TY-ST-ZIP TUE UME REET ADDRESS		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	1.2 M 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CO 3.1 TM 3.2 NA 3.3 ST 3.4 CO	REET ADDRESS TTI-ST-ZIP TILE WAE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	E 200	12 M 1.3 ST 1.4 CF 2.1 TM 2.2 MA 2.3 ST 2.4 CM 3.3 ST 3.4 CM 4.1 TM	REET ADDRESS TY-ST-ZIP THE WARE REET ADDRESS ITY-ST-ZIP THE THE TREET ADDRESS TY-ST-ZIP THE		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	12 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA	REET ADDRESS TY-ST-ZIP THE MAE REET ADDRESS ITY-ST-ZIP THE MAE REET ADDRESS TY-ST-ZIP THE AME		Change	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST 3.1 TM 3.2 NA 3.3 ST 3.4 CF 4.1 TM 4.2 NA 4.3 ST	REET ADDRESS TY-ST-ZIP THE WARE REET ADDRESS ITY-ST-ZIP THE REET ADDRESS TY-ST-ZIP THE AME REET ADDRESS		Change	Addition	CR2E034 (1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	12 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CG 3.3 ST 3.4 CG 4.1 TM 4.2 NA 4.3 ST 4.4 CG 5.1 TM 5.2 NA	REET ADDRESS TY-ST-ZIP THE MAE TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE TREET ADDRESS TY-ST-ZIP THE		Change	Addition Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	12 NA 1.3 ST 2.1 TIT 2.2 NA 2.3 ST 3.4 CT 3.3 ST 3.4 CT 4.2 NN 4.3 ST 5.1 TIT 5.2 NA 5.3 ST 5.3 ST 5	REET ADDRESS TY-ST-ZIP THE MAE TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE AME REET ADDRESS TY-ST-ZIP THE AME		Change	Addition Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME	KALLWITZ, CAMILLE F 6101 W. ATLANTIC BLVD., SUITI	DELETE  DELETE	12 NA 1.3 ST 2.1 TIT 2.2 NA 2.3 ST 3.4 CT 3.3 ST 3.4 CT 4.2 NN 4.3 ST 5.1 TIT 5.2 NA 5.3 ST 5.3 ST 5	REET ADDRESS TY-ST-ZIP THE MAE TREET ADDRESS ITY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE MAE TREET ADDRESS TY-ST-ZIP THE TREET ADDRESS TY-ST-ZIP THE TREET ADDRESS TY-ST-ZIP		Change	Addition Addition	CR2E034 (1

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 suppliemental 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.

6.4 CTTY - 31 - ZIP

SIGNATURE:

STREET ADDRESS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90075 037 \*\*\*150.00