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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-29-1999 90017 001 ***150.00

1. Corporation	MENT # S548 DISCOUNT TREE FAI						
Principal P ace	e of Business	Mailing Address				(I EIGH BABA GA	TAT OLDER BANK TORK
1310 MCNEIL R		ů	1310 MCNEIL ROAD				
	PRINGS FL 32714	ALTAMONTE SPRINGS FL 3	32714				
US		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/10/1991		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	-	Applied For
21		26			59-3070114		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ , ' '		5. Certifcate of Status Desired	*	5 Additional
22		27					Required
City & State		├ 	City & State		6. Election Campaign Financing		00 May Be
		28			Trust Fund Contribution		ed to Fees
Zip		Cour try Zip Country		,	8. This corporation owes the current year	Intangible	∃No
24	25		30		Persor at Property Tax. 10. Name and Address of New Register		
	9. Name and Address of	Current Registered Agent	81	Name	To. Name and Address of New Register	u Agein	
COO	K, FRED C.		"	, radille			
	SHILOH LN		82	Street Ac di	ress (P.O. Bo> Number is Not Acceptable)		
				 -			
AAIIA	TER PARK FL 32789		83	1			
			84	City		85 Z	ip Code
				<u></u>	poration submits this statement for the purpose		
office crr	egistered agent, or both, in the	e State of Florida. Such change was a e obligations of, Section 607.0505, Flor	uthorized by rida Statutes	the corporati	on's board of cirectors. I hereby accept the ap	pointment as	reg stered
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TOF:S IN 12
TITLE	DP	DELETE	11 TITLE			Chang	ge Addition
NAME	COOK, FRED C.		1.2 NAME				\
STREET ADDRESS	1731 SHILOH LN			T ADDRESS			ĺ
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-S				
TITLE	TANALEST LASIN IF	☐ DELETE	2.1 TITLE	-		☐ Chan	ge Addition
NAME			2.2 NAME	İ			
STREET ADDRESS			2.3 STRE				}
			2.4 CITY-				
CITY-ST-ZIP TITLE			31 TITLE	-		Chang	ge Addition
NAME			3.2 NAME				}
			.	T ADDRESS			\
STREET ADDRESS			3.3 STREE	T ADDRESS			1
CITY-ST-ZIP TITLE			4.1 TITLE	51-217		Chan	ge Addition
		□ \$100/1	4. 2 NAME				
NAME			1	TADORESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE			Chan	ge Addition
TITLE		C percie	5.2 NAME				
NAME				T ADDRESS			1
STREET ADDRESS			5.4 CITY-S				ţ
CITY-ST-ZIP	 	DELETE	6.1 TITLE)1-4H		Chan	ge Addition
TITLE		□ OECE1E				_ Onany	a. Livadiidii
NAME			6.2 NAME	T 4 DODDCOO			Į.
STREET ADDRESS			TADDRESS			-	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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.

SIGNATURE:

407-788.8828