FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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S88214

(9)

1. Corporation Name D'S DISCOUNT, INC.

Principal Place of Business	Mai'ing Aodress	
2900 W. SAMPLE ROAD STE 1409	4145 NW 103RD DRIVE CORAL SPRINGS FL 33065	

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Principal Place of	Hueinges	Mailing Addres				112311010 (0) 12121 1310			
2900 W. SAMF		4145 NW 1	103RD DRIVE						
STE 1409 POMPANO FL 33073 US		US	CORAL SPRINGS FL 33065 US			3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1995			
2. Principal Place	of Business	2a. Mailing Ad	dress			4. FEI Number 20-5489351		T	Applied For Not Applicable
Suite, Apt. #, e	etc.	Suite, Apl.	#, etc.			5. Certificate of Status Desired		—	75 Additional e Required
City & State		City & Stal				6. Election Campaign Financing		,	00 May Be
3		28				Trust Fund Contribution			ded to Fees
Zıp	Country	Ζιρ		- Country I	<i>(</i>	8. This corporation has liability for Florida Statutes	intangible ta: No	x under	5 198.032,
4	9. Name and Address of Current	29 Registered Ages	30 	l		10. Name and Address of New F		Agent	
	9. Name and Address of Content	Tregistored rigo.		81	Name				
1 ADDV A	A. ROTHENBERG P.A.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		-
	. FEDERAL HIGHWAY			L	1	C33 F . C . C . C . C			
SUITE 4				83	1				
BOCA R	ATON FL 33431			84	Oity		FL	85	7ip Code
					<u> </u>	ration submits this statement for the pured of directors. Thereby accept the app		<u>. _ </u>	te registered off
12.	giature, sysiem ar primitiname of registered a primiting OF FIGERS AND	DIRECTORS		13.	ont signation to par-	ADDITIONS/CHANGES TO OF		DIREC	
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NAME	GONTARZ, MICHAEL			1.2 NAME	ł .				
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CITY - ST - ZIF				6.4 0.1	Y - ST - ZIP	for the execution stated in Section 1:	19 07/3//k) F	locda S	statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify 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 changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR