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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

DISCOUNT CENTERS OF AMERICA, INC.

DISCOU	NAL OPINITIO OF VINI					
Principal Place o	f Business	Mailing Address 1110 W SUNRISE BLVD FT. LAUDERDALE FL 33311 US				
1110 W SUNR FT. LAUDERD/						
US				3. Date Incorporated or Qualified		
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		25		65-0339204	Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28				
Zip	Country	Zip	Gountry	8. This corporation has liability for i		
24	25	29	30			
	9. Name and Address of C	urrent Registered Age		10. Name and Address of New R	egistered Agent	
			81 Name	D-1-66		

Donn Beloff
Street Address (P.O. Box Number is Not Acceptable) DELOFF, DONN **STE 340W** One East Broward Blvd. 83 2255 GLADES ROAD Suite 1300 **BOCA RATON FL 33431** Ft. Lauderdale, Zip Code 84 33301

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 and tin	lo If are disable (NIC)	TE: Registered Agent signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	DELETE	1, 1 TITLE		Change	Addition
NAME	PICCIOLO, LINDA		1.2 NAME			
STREET ADDRESS	1110 W. SUNRISE BLVD		13 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2. 1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-S1-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	Addition
NAME			32 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - S1 - ZIP			F3 1185
TITLE		☐ DELETE	4. 1 TITLE		Change	☐ Addition
NAME			4.2 NAME	ومراق فالممر فالمساور المالية		
STREET ADDRESS			4.3 STREET ADDRESS	1000018142 -05/03/36010108	<u>تن</u> ار ا	11
CITY-ST-ZIP			44 CITY-ST-ZIP	-05/03/36010108		
TITLE		DELETE	5 1 TITLE	***200.00	Dhange	Addition

6.4 CITY - ST - ZIP 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 I am an officer or director of the composition 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 Brock 18 if changed, of one a allachment with an address.

5.2 NAME

6 1 TITLE

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 21P

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

LINDA L. PICCIOID

CR2E034 (12/95)

Applied For Not Applicable