FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56325** **(6)**

1. Corporation Name
WORLD OF DISCOUNTS, INC.

Principal Place of Business	Mailing Address
802 10TH ST LAKE PARK FL 33403 US	802 10TH ST LAKE PARK FL 33403 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/10/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **65-0353112** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ATTERBURY, WILLIAM W. III
321 ROYAL POINCIANA PLAZA
PAL BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: DON GREENE
82 Street Address (P.O. Box Number is Not Acceptable): 4600 HOLT ROAD
83
84 City: L.W. PALM BEACH FL 85 Zip Code: 33415

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] DON GREENE 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, TERRY	1.2 NAME	
STREET ADDRESS	2158 E. PALMA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CRUM, TERESA	2.2 NAME	
STREET ADDRESS	4781 ELMHURST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, LYNNE	3.2 NAME	
STREET ADDRESS	758 OAK ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, DON	4.2 NAME	
STREET ADDRESS	4600 HOLT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PAL BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALAN, MIRABELLE	5.2 NAME	
STREET ADDRESS	92445 HEATHRIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] DON GREENE 3/27/95 4078486723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q43004 CF