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Feb 18 1997 8:00am
Secretary of State



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

NONPROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # 726722 (2)
1. Corporation Name
DISC VILLAGE, INC.



Principal Place of Business Mailing Address
3333 WEST PENSACOLA STREET TALLAHASSEE FL 32304-2800
3333 WEST PENSACOLA STREET TALLAHASSEE FL 32304-2868

3. Date Incorporated or Qualified 06/15/1973
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30
4. FEI Number 59-1491338 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
OLK, THOMAS K.
6374 VERDURA WAY
TALLAHASSEE FL 32301
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 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	PD	1.1 TITLE	
NAME	BASSIN, ALEXANDER	1.2 NAME	
STREET ADDRESS	2312 DOMINGO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	CZAJKOSKI, EUGENE, PH.D.	2.2 NAME	
STREET ADDRESS	2340 KILKENNEY E	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	LIANGE, JEFF	3.2 NAME	
STREET ADDRESS	4902 ARDEN FOREST WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAXWELL, SHARON	4.2 NAME	
STREET ADDRESS	602 INGLESIDE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RANDOLPH, ROOSEVELT	5.2 NAME	
STREET ADDRESS	1104 ALBRITTON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	OIK, THOMAS, K.	6.2 NAME	
STREET ADDRESS	3333 W. PENSACOLA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-5-97 Daytime Phone # 904-575-4388

CR2E037 (9/96)