

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726722 (2)**  
 1. Corporation Name  
**DISC VILLAGE, INC.**



Principal Place of Business 3333 WEST PENSACOLA STREET TALLAHASSEE FL 32304-2800	Mailing Address 3333 WEST PENSACOLA STREET TALLAHASSEE FL 32304-2800
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3. Date Incorporated or Qualified <b>06/15/1973</b>	Applied For
4. FEI Number <b>59-1491338</b>	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 [ ] Suite, Apt. #, etc.	26 [ ] Suite, Apt. #, etc.
22 [ ] City & State	27 [ ] City & State
23 [ ] Zip	28 [ ] Zip
24 [ ] Country	29 [ ] Country
25 [ ]	30 [ ]

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLK, THOMAS K.**  
**6374 VERDURA WAY**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2683 S. Hannon Hills Drive</b>
83	
84 City	<b>FL</b>
85 Zip Code	<b>32308</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASSIN, ALEXANDER</b>	1.2 NAME	
STREET ADDRESS	<b>2312 DOMINGO DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CZAJKOSKI, EUGENE, PH.D.</b>	2.2 NAME	
STREET ADDRESS	<b>2340 KILKENNEY E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIANG, JEFF</b>	3.2 NAME	<b>Liang, Jeff</b>
STREET ADDRESS	<b>4902 ARDEN FOREST WAY</b>	3.3 STREET ADDRESS	<b>PO Box 12121, NA</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXWELL, SHARON</b>	4.2 NAME	
STREET ADDRESS	<b>602 INGLESIDE AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, ROOSEVELT</b>	5.2 NAME	
STREET ADDRESS	<b>1104 ALBRITTON DRIVE</b>	5.3 STREET ADDRESS	<b>528 E. Park Avn.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLK, THOMAS, K.</b>	6.2 NAME	
STREET ADDRESS	<b>3333 W. PENSACOLA ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas K. OIK** SIGNATURE REQUIRED 1/6/98 850 575-4388

CR2E037 (10/97)