

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90067 003 ****70.00

DOCUMENT # N98000001543

1. Entity Name

PROJECT DISCOVERY, INC.

Principal Place of Business

Mailing Address

401 SW 2ND ST
 FT LAUDERDALE FL 33312

401 SW 2ND ST
 FT LAUDERDALE FL 33312-1707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0822020 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GOREN, SAMUEL S ESQ
3099 E COMMERCIAL BLVD, SUITE 200
FT LAUDERDALE FL 33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	KOENIG, KEITH	
STREET ADDRESS	C/O CITY FURNITURE, 251 INTL PARKWAY	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, NED	
STREET ADDRESS	1760 SE 10TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALMOS, STEVEN J	
STREET ADDRESS	HALMOS HOLDINGS, INC., 21 W LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, RICHARD	
STREET ADDRESS	RENAISSANCE CRUISES, INC.-BOX 350307	
CITY-ST-ZIP	FT LAUDERDALE FL 33335	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAY	
STREET ADDRESS	MADSEN, SAPP, MENA -7080 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'HARA, PAUL	
STREET ADDRESS	PRECISION RESPONSE CORP-1505 NW 167TH ST	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEVINSOJ, JON	
STREET ADDRESS	2915 FERRIS HWY #D-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 E. LASOLAS BLVD, STE 1420	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 954-467-6637 X 312

CR2E037 (9/99)