

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000018076 (7)**  
 1. Corporation Name  
**DISCRETE RESOLUTIONS, INC.**



Principal Place of Business <b>1508 PELICAN COVE RD. #138GR SARASOTA FL 34231</b>	Mailing Address <b>1508 PELICAN COVE RD. #138GR SARASOTA FL 34231</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/08/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business 21 <b>1628 Clower Creek Dr</b> Suite, Apt. #, etc. 22 <b>GR 126</b> City & State 23 <b>Sarasota, Fla</b> Zip Country 24 <b>34231-8955</b> 25 <b>Sarasota</b>		4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable	
2a. Mailing Address 26 <b>1628 Clower Creek Dr GR 126</b> Suite, Apt. #, etc. 27 City & State 28 <b>Sarasota, Fla</b> Zip Country 29 <b>34231-8955</b> 30 <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>WATSON, JERALDEAN 1508 PELICAN COVE RD. #GR138 SARASOTA FL 34231</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. Name and Address of New Registered Agent		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	

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

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: *Jerald Dean Watson Kirk* DATE: **9/4/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, JERALDEAN</b>	1.2 NAME	<b>KIRK, Jerald Dean, Watson</b>
STREET ADDRESS	<b>1508 PELICAN COVE RD., #138GR</b>	1.3 STREET ADDRESS	<b>1628 Clower Creek Dr, GR 126</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	1.4 CITY-ST-ZIP	<b>Sarasota, Fla, 34231-8955</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jerald Dean Watson Kirk* DATE: **9/4/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

CR2E034 (4/97)