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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000090072 (7)

1. Corporation Name
DISCOVERY RESORT NO. 2, INC.

Principal Place of Business Mailing Address
C/O YOUNG & MCMANUS, S.C. **C/O YOUNG & MCMANUS, S.C.**
710 N PLANKINTON AVENUE #1200 **710 N PLANKINTON AVENUE #1200**
MILWAUKEE WI 53203 **MILWAUKEE WI 53203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/13/1994** 3a. Date of Last Report

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

4. FEI Number 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, GERALD
STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	D
NAME	JANZ, JAMES F
STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	D
NAME	CAREY, RICHARD S
STREET ADDRESS	1533 LAKE SHORE DRIVE
CITY-ST-ZIP	COLUMBUS OH 43204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEIN, GERALD
1.3 STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200
1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WIGCHERS, ARTHUR W., JR.
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANZ, JAMES F.
3.3 STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BORRIS, JAMES D.
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRAUN, ROBERT E.
5.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAABS, SUSAN K.
6.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203

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 110.07(3)(b), Florida Statutes. 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: Mark S. Madigan (116/45) (414) 274-2434
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration (If any)

DOCUMENT #P94000090072 (7)

DISCOVERY RESORT NO. 2, INC.
ADDITIONAL OFFICERS

V/S

YOUNG, JAMES B.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WISCONSIN 53203

T

CHEVALIER, STEPHAN J.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WISCONSIN 53203

AS

MADIGAN, MARK S.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WISCONSIN 53203

AS

ZORDANI, JAN M.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WISCONSIN 53203