

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090072 (7)**

1. Corporation Name:

DISCOVERY RESORT NO. 2, INC.



Principal Place of Business

C/O YOUNG & MCMANUS, S.C.
710 N PLANKINTON AVENUE #1200
MILWAUKEE WI 53203

Mailing Address

C/O YOUNG & MCMANUS, S.C.
710 N PLANKINTON AVENUE #1200
MILWAUKEE WI 53203

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/13/1994 | 3a. Date of Last Report 01/30/1995 |
| 4. FEI Number -APPLIED FOR 39-1809216 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

29. Zip Country

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 607.0600 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 607.0605, Florida Statutes.

SIGNATURE

Signature type (for printed name only): _____

(Print) Registered Agent Signature required when changing _____

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STEIN, GERALD | |
| STREET ADDRESS | 710 N. PLANKINTON AVE., SUITE 1200 | |
| CITY-STATE-ZIP | MILWAUKEE WI 53203 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JANZ, JAMES F | |
| STREET ADDRESS | 710 N. PLANKINTON AVE., SUITE 1200 | |
| CITY-STATE-ZIP | MILWAUKEE WI 53203 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAREY, RICHARD S | |
| STREET ADDRESS | 1533 LAKE SHORE DRIVE | |
| CITY-STATE-ZIP | COLUMBUS OH 43204 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BORRIS, JAMES D | |
| STREET ADDRESS | 710 N PLANKINTON AVENUE, #1200 | |
| CITY-STATE-ZIP | MILWAUKEE WI | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BRAUN, ROBERT E | |
| STREET ADDRESS | 710 N PLANKINTON AVE #1200 | |
| CITY-STATE-ZIP | MILWAUKEE WI | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LAABS, SUSAN K | |
| STREET ADDRESS | 710 N PLANKINTON AVE #1200 | |
| CITY-STATE-ZIP | MILWAUKEE WI | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 11. TITLE | D/V (DIRECTOR AND VICE PRESIDENT) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | | |
| 13. STREET ADDRESS | | |
| 14. CITY-STATE-ZIP | | |
| 21. TITLE | D/V (DIRECTOR AND VICE PRESIDENT) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | |
| 23. STREET ADDRESS | | |
| 24. CITY-STATE-ZIP | | |
| 31. TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME | WIGGERS, ARTHUR W., JR. | |
| 33. STREET ADDRESS | 710 N. PLANKINTON AVENUE, #1200 | |
| 34. CITY-STATE-ZIP | MILWAUKEE, WI 53203 | |
| 41. TITLE | V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42. NAME | YOUNG, JAMES B. | |
| 43. STREET ADDRESS | 710 N. PLANKINTON AVENUE, #1200 | |
| 44. CITY-STATE-ZIP | MILWAUKEE, WI 53203 | |
| 51. TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52. NAME | CHEVALIER, STEPHAN J. | |
| 53. STREET ADDRESS | 710 N. PLANKINTON AVENUE, #1200 | |
| 54. CITY-STATE-ZIP | MILWAUKEE, WI 53203 | |
| 61. TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62. NAME | MADIGAN, MARK S. | |
| 63. STREET ADDRESS | 710 N. PLANKINTON AVENUE, #1200 | |
| 64. CITY-STATE-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 119.07(3)(k), 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: *Mark S. Madigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

1/19/96 (414)274-2434

CR2E034 (12/95)