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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90185 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000090072**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
710 N. PLANKINTON AVE
1200
MILWAUKEE WI 53203
US

Mailing Address
710 N. PLANKINTON AVE
1200
MILWAUKEE WI 53203
US

3. Date Incorporated or Qualified
12/13/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
39-1809216

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DV**
STEIN, GERALD
 STREET ADDRESS **710 N. PLANKINTON AVE., SUITE 1200**
 CITY-ST-ZIP **MILWAUKEE WI**

1.1 TITLE Change Addition
 P
 1.2 NAME **WIGCHERS, ARTHUR W., JR.**
 1.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 1.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE DELETE
 NAME **DV**
JANZ, JAMES F
 STREET ADDRESS **710 N. PLANKINTON AVE., SUITE 1200**
 CITY-ST-ZIP **MILWAUKEE WI**

2.1 TITLE Change Addition
 V
 2.2 NAME **JARMUSZ, ANDREW P.**
 2.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 2.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE DELETE
 NAME **D**
CAREY, RICHARD S
 STREET ADDRESS **1533 LAKE SHORE DRIVE**
 CITY-ST-ZIP **COLUMBUS OH 43204**

3.1 TITLE Change Addition
 V/S
 3.2 NAME **YOUNG, JAMES B.**
 3.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 3.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE DELETE
 NAME **V**
BORRIS, JAMES D
 STREET ADDRESS **710 N PLANKINTON AVENUE, #1200**
 CITY-ST-ZIP **MILWAUKEE WI**

4.1 TITLE Change Addition
 TR
 4.2 NAME **CHEVALIER, STEPHAN J.**
 4.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 4.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE DELETE
 NAME **V**
BRAUN, ROBERT E
 STREET ADDRESS **710 N PLANKINTON AVE #1200**
 CITY-ST-ZIP **MILWAUKEE WI**

5.1 TITLE Change Addition
 AS
 5.2 NAME **DELISLE, SANDRA J.**
 5.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 5.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE DELETE
 NAME **V**
LAABS, SUSAN K
 STREET ADDRESS **710 N PLANKINTON AVE #1200**
 CITY-ST-ZIP **MILWAUKEE WI**

6.1 TITLE Change Addition
 AS
 6.2 NAME **MADIGAN, MARK S.**
 6.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #1200**
 6.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Madigan SIGNATURE REQUIRED

Mark S. Madigan
 Assistant Secretary 1/18/99 (414) 274-2433

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)