

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088529 (9)
1. Corporation Name
DISCOVERY SEMINARS INTERNATIONAL, INC.



Principal Place of Business 1420 NO. LAKE COURT WEST PALM BEACH FL 33406	Mailing Address 1420 NO. LAKE COURT WEST PALM BEACH FL 33406-7818
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3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last Report 07/03/1996
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2. Principal Place of Business 21 1420 No Lake Ct	2a. Mailing Address 26 1420 W. Lake Ct
22 N/A	27 N/A
23 W. Palm Beach	28 W. Palm Beach
24 33406	29 33406

4. FEI Number 65-0625948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOUGLAS, MACK R
1420 NO. LAKE COURT
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable) N/A
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIFFONI, EDESIO	1.2 NAME	
STREET ADDRESS	210 KENLYN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOGLER, JUDY	2.2 NAME	
STREET ADDRESS	151 HAMMOCKS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33413	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULLE, PAUL	3.2 NAME	
STREET ADDRESS	D 81 SUSSEX	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WIE, PAT	4.2 NAME	
STREET ADDRESS	8237 PINTO DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33487	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, KIRK	5.2 NAME	
STREET ADDRESS	1402 LAS OLAS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	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: **Mack R. Douglas** **4/29/97** **561-588-1612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)