

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

**FILED**

**May 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 # P95000088529 (9)**  
1. Corporation Name  
**DISCOVERY SEMINARS INTERNATIONAL, INC.**



Principal Place of Business <b>1420 NO. LAKE COURT WEST PALM BEACH FL 33406</b>	Mailing Address <b>1420 NO. LAKE COURT WEST PALM BEACH FL 33406-7818</b>
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3. Date Incorporated or Qualified <b>11/16/1995</b>	3a. Date of Last Report <b>07/03/1996</b>
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2. Principal Place of Business 21 <b>1420 No Lake Ct</b>	2a. Mailing Address 26 <b>1420 W. Lake Ct</b>	4. FEI Number <b>65-0625948</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>N/A</b>	27 <b>N/A</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>W. Palm Beach</b>	28 <b>W. Palm Beach</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33406</b>	25 <b>Palm Beach</b>	29 <b>33406</b>	30 <b>Palm Beach</b>

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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIFFONI, EDESIO</b>	1.2 NAME	
STREET ADDRESS	<b>210 KENLYN RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOGLER, JUDY</b>	2.2 NAME	
STREET ADDRESS	<b>151 HAMMOCKS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33413</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOULLE, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>D 81 SUSSEX</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WIE, PAT</b>	4.2 NAME	
STREET ADDRESS	<b>8237 PINTO DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33487</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELDER, KIRK</b>	5.2 NAME	
STREET ADDRESS	<b>1402 LAS OLAS BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	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** DATE: **4/29/97** DAYTIME PHONE: **561-588-1612**

CR2E034 (9/96)