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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

F96600004931

DISCOVERIES, INC. SEA DEEP

Principal Place of Business

Mailing Address

122 AKLINGTON	TLACE		
	C1 22110E		DO NOT WRITE IN THIS SPACE
WEST PALM BEACH,	FL 35405		3. Date Incorporated or Qualified 9-25-96
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26 NEEDEN + (CO	65-0709649 Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc. 27 /45 MASO/	Al ST.	5. Certificate of Status Desired
City & State	City & State		Election Campaign Financing \$5.00 May Be
23	28 GREEN WICH	CT.	Trust Fund Contribution Added to Fees
Zip Country	7 ₁ p	Country	This corporation owes or has paid the current year Intangible
24 25	29 <i>06830</i> 3	10	Personal Properly Tax due June 30. Yes No
9. Name and Address of Curre			10. Name and Address of New Registered Agent
THE UNITED STATES	COP DODATIONS	81 Name	
THE UNITED STATES	E COMPANY	O · B2 Street A	Address (P.O. Box Number is Not Acceptable)
CORPORATION SERVICE	T	83	- 10-10-11-11-11-11-11-11-11-11-11-11-11-1
TALLAHASSEE, FL 3		84 City	85 Zip Code
		the above parced	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was aut	lhorized by the corp	toration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, types or protect name of registered as	and and take discounts to the Ments I	Registeren Agent signature	roquired when reinslating) DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE SECY TREASURER	DELETE	1.1 TITLE	SECY TREASURER Change Addition
NAME ROBERT A. WHITE	AKER	12 NAME	ROBERT CERVONI
STREET ADDRESS UNA MILLS DRIVE	.,-,,	1.3 STREET ADDRESS	145 MASON ST. GREENWICH, CT 06830
STREET ADDRESS 443 MILLS DRIVE CITY-ST-ZIP BENICIA, CA 94	510	1.4 C(TY - S1 - Z)P	GRIENWICH CT 06830
TITLE	☐ DELÉTÉ	2.1 TOLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP			
TITLE		44 CITY-S1-ZIP	
HILL	DELETE	4 4 CITY-S1-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE	Change Addition
NAME	☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition

14. I hereby certify that the informate indicated on this annual report of officer or director of the corporat Block 12 or Block 13 if changed supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information pplemental 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 or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in

6.3 STREET ADDRESS

STREET ADDRESS

***150.00

FILED

Apr 22 1998 8:00am

Secretary of State