FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 27 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F97000002361 FINANCIAL DISCOVERIES, INC. Principal Place of Business Mailing Address 431 E CENTRAL BLVD STE 900 481 E CENTRAL BLVD. STE 900 ORLANDO FL 32801 ORLANDO-FL-92801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3221357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TEDROW, THOMAS L Name 431 E CENTRAL BLVD: STE 900 ORLANDO EL 32801 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta the named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registe gent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.11 TEDROW, THOMAS MAME 1.2 N 431 E-CENTRAL BLVD. STE 900 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ___ Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE ☐ Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ny signature strail have the same legal effect as if made under oath; that f arh an an as Tegujice by Chapter 607, Florida Statutes; and that my name arbears in

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filling does not qual indicated on this annual report or Supplemental annual report is true and officer or director of the corporation or the receiver or trustee emouvered Block 12 or Block 13 if changed, or on an attachment with an address.