## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUMENT # H72512 (7)   DISCOVERY PROPERTIES, INC.	•	1996	100	DIVISION O	F CORPOR	ATIC	NS					
Sep Barty-Norther BVD   Sep	1. Corporation	n Name		2 (7)								
Sep Barty-Notice BVD									!			in alan alan lar
1989 BAYSHOPE BLYD   1980 BA	Principal Place of Business Mailino Address								!			
US   DUNEDIN F1, 34898   3. Date incorporated or Ouelind   38. Date of Less Feport   CR/22/1985   CS/01/1995   CS/01/1995												
2. Principal Pace of Business   2a. Melling Address   2a. Melling		34698										
2. Principal Places of Business   2. Maillan Address   5.	••			SUILEDIN LE STOOD			3.	•				
Suite, Apt 4, etc.   Suite,							4.	FEI Number	_1		<del></del>	
City & State   27		#. etc.						59-2597957		60.7		
Country   Zip	22	, 0.0.					5.	Certificate of Status Desired				
24		!		<del> </del>			6.	Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·	<del></del>	
29	· · · · · · · · · · · · · · · · · · ·		Country									
JENNINGS, G. PENFIELD   1960 BAYSHORE BLVD   1960 BAYSHORE BLVD BAYSHORE BLVD   1960 BAYSHORE BLVD   1960 BAYSHORE BLVD BAYSHORE BAYSHORE BLVD BAYSHORE	— ·	2	¬ '	<del></del>	<b>├</b> ──	intry		8.			ax under	s 199.032,
JENNINGS, G. PENFIELD 1980 BAYSHORE BLVD DUNEDIN FL 34698  B4 City FL 85 Zp Code  11. Pursuant to the provisions of Sections 507.0502 and 607.1509. Florids Statutes or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florids Statutes SCANATURE Systems had a registered agent and bit in applications bear and of directors. I hereby accept the appointment as registered agent. I am STANAT URL Systems had a registered agent and bit in application. PAGE Registered Agent systems required to the provision of Section 607.0505, Florids Statutes.  SCANATURE Systems had a registered agent and bit in application. PAGE Registered Agent systems required the remarking.  DBS LITTLEJOHN, SUSAN S 125 EDGEWATER DR. DILITILE DBS LITTLEJOHN, SUSAN S 125 EDGEWATER DR. DUNEDIN FL 34698  14 CITY-ST-2P  DUNEDIN FL 34698  14 CITY-ST-2P  DUNEDIN FL 34698  14 CITY-ST-2P  DUNEDIN FL 34698  15 Intel Addition  AMM STREET ADDRESS CITY-ST-2P  DELETE 3 THILE CITY-ST-2P  DELETE 4 THILE CITY-ST-2P  DELETE 5 THILE CITY-ST-2P  DELETE 5 THILE CITY-ST-2P  THE CITY-ST	1	9. Name a	nd Address of Curren		1001	I		10.			Agent	
1980 BAYSHORE BLVD   1983   1984   1985						81	Name					
BUNEDIN FL 34698    68						82	Street Addr	ress (P.	O. Box Number is Not Acceptat	ole)		
But City FL 85 Zep Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Fiorida Statuties, the above named corporation submits this statement for the purpose of changing its registered office or registered depent, 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 registered office or registered depent, 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 registered office of the purpose of changing its registered agent. I am registered agent. I am registered of the purpose of changing its registered office of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent. I am registered office of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent. I am registered agent. I am registered agent. I am registered agent. I am registered of the purpose of changing its registered agent. I am registered agent. I am registered agent. I am registered agent. I am registered of the purpose of changing agent agent agent agent agent agent. I am registered agent. I am registered agent. I am registered of the purpose of changing agent age												
The Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits the 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 with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SYSTATURE  DESCRIPTION AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  III.E  DPS  LITTLEJOHN, SUSAN S  12 AUME  LITTLEJOHN, SUSAN S  12 SEOGEWATER DR.  DUNEDIN FL 34698  14 CHTY-ST-27P  DUNEDIN FL 34698  14 CHTY-ST-27P  DUNEDIN FL 34698  15 STREET ADDRESS  CITY-ST-27P  DELETE  3 1 TILE  DELETE  4 1 TILE  DELETE  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-27P  DELETE  5 2 NAME  STREET ADDRESS  CITY-ST-27P  DELETE  5 2 NAME  STREET ADDRESS  CITY-ST-27P  DELETE  5 1 TILE  DELETE  6 1 TILE  DELETE  CRAME  DELETE  DELETE  1 TILE  DELETE  DELETE	DUNEUIN FL 34698											
11. Pursuant to the provisions of Sections 607/0502 and 607/1509. Florida Statutes, the above named corporation submits this statement for this purpose of changing its registered office or registered agent, to 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 agent states.    SIGNATURE						84	City			E	85	Zip Code
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	familiar witi	h, and accept	the obligations of, Secti	on 607.0505, Florida Statute	zed by the d is.	corpo	ration's boar	roi of di	rectors. I hereby accept the app	rpose of ch ointment as	anging its registers	registered office id agent. I am
TITLE		Signature, typed or p				Agent	signature required				DIDEOT	2000 IN 40
NAME   LITTLEJOHN, SUSAN S   12 NAME   13 STREET ADDRESS   12 DELETE   13 STREET ADDRESS   12 NAME   13 STREET ADDRESS   14 CITY - ST-2IP		DPS	OTT TO LITTO THE			ITLE			ADDITIONS/CHANGES TO OFF			
THE     DELETE   2.1 THE     Change   Addition	NAME	LITTLEJO								•	_,	
TITLE	STREET ADDRESS				1.3 \$1	rree i A	ADDRESS					
NAME	CITY-ST-ZIP	DUNEDIN	FL 34698		1.4 CI	TY-ST	- ZIP					
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY - ST - ZIP				☐ DELETÉ	2. 1 T	ITLE				(	Change	Addition
CITY-ST-ZIP					2.2 N/	AME						
Title												
NAME				☐ DELETE			-ZIP				T Change	Addition
STREET ADDRESS				□ otter			1			L	Crange	☐ Addition
CITY-ST-ZIP	STREET ADDRESS						ADDRESS .					
TITLE	CHTY-ST-ZIP											
STREET ADDRESS	TITLE			DELETE						[	Change	Addition
CITY_SI_ZIP	NAME				4.2 N	AME						
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         Change         Addition           NAME         DELETE         6 1 TITLE         Change         Addition           NAME         62 NAME         Change         Addition	STREET ADDRESS				4.3 S1	REET A	DDRESS					
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY - ST - ZIP         5.4 CITY - ST - ZIP           TITLE         □ DELETE         6.1 TITLE         □ Change         □ Add/tion           NAME         6.2 NAME							ZIP					
5.3 STREET ADDRESS				☐ DELETE						{	Change	☐ Addition
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6 1 TITLE         Change         Add-tion           NAME         62 NAME												
TITLE         DELETE         6 1 TITLE         Change         Add/tion           NAME         62 NAME												
NAME 62 NAME				□ DELETE			- ZIP			······································	Channa	[] Addition
	!			- Decree						L		
							.DDRESS					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Daytime Phone #