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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016557 (8)

DISCOVERY ENTERPRISES & ASSOCIATES INC.

FILED

May 04 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address			1100
7000 LAKE ELLENOR DR SUITE 109 PO BOX 590241 ORLANDO FL 32809 ORLANDO FL 32859				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/25/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26		65-0468582 Not App	
Suite, Apt.	#, e (c.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired S8.75 Addition Fee Require	
City & State		City & State	7.1.		
23		28		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fer	
Zip	Country	Zip	Country	8. This corporation and or has paid the current year Intangit	
24	25	29	30	Personal Property Tax due June 30. Yes 🔲 No	
				10. Name and Address of New Registered Agent	
	RNON, CHRISTOPHER		81 Name		
2611 DORENA DRIVE ORLANDO FL 32839			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
Ur.	ALAMDO PL 32838		83		
			221-20		
			84 City	FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above-named co	riporation submits this statement for the purpose of changing its reg	istered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Ft	orida Statutes.	ation's board of directors. I hereby accept the appointment as regis	terea
SIGNATURE				4/2019 2	أ
12.	Signature, typod or printed name of registered a	gent and tille if applicable (NOT ND DIRECTORS	E: Registered Agent signature req		10
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
NAME	VERNON, CHRISTOPHER		1.2 NAME		
STREET ADDRESS	2611 DORENA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Change	Addition
NAME			2.2 NAME		ĺ
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		Ī
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐	Addition
NAME		official	4. 2 NAME		Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change ☐	Addition
NAME			52 NAME	, –	ł
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

14. I 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 attackment with an address.

6.4 CITY - ST- ZIP

CIONATURE Q ((CHAU DRITE M

CITY-ST-ZIP