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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041911 (6)

DISCOVERY INTERNATIONAL ASSOCIATES, INC.

FILED Feb 05 1998 8:00am Secretary of State



11-140

Principal Place of Business Mailing Address 17561 VIA CAPRI 17561 VIA CAPRI **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1994 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 95-0504650 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACONS, MICHAEL A 17561 VIA CAPRI 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200 BOCA RATON FL 33496** 83 84 Zip Code 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, it hereby accept the appointment as registered agent, I am lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition JACOBS, MICHAEL A NAME 1.2 NAME 17561 VIA CAPRI 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JACOBS, DOROTHY NAME 2.2 NAME 17561 VIA CAPRI STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 1ITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 supplimental 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 receipt of trubtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address.