

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003831 (1)

1. Corporation Name

DISCOVERY HOLDINGS, INC.



Principal Place of Business

757 SE 17 STREET SUITE 307
FT LAUDERDALE FL 33316

Mailing Address

757 SE 17 STREET SUITE 307
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0550911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOEMAKER, WILLIAM E
757 SE 17 STREET SUITE 307
FT LAUDERDALE FL 33316

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual or registered agent of the corporation

Signature of Registered Agent (Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SHOEMAKER, WILLIAM E
STREET ADDRESS 757 SE 17 STREET SUITE 307
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

P/D
NAME SHOEMAKER, WILLIAM E.
12. NAME
13. STREET ADDRESS SAME
14. CITY-ST-ZIP

2. TITLE ☒ Change ☐ Addition

V/D
NAME VIVIAN ASHWORTH
22. NAME
23. STREET ADDRESS LEVEL 8, 139 MACQUARIE ST.
24. CITY-ST-ZIP SYDNEY, NSW 2000 AUSTRALIA

3. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. 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:

W. E. Shoemaker W. E. SHOEMAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (954) 764-6558

Date

Daytime Phone #

CR2E034 (12/95)