## 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 # P96000011590 (2)

NEW DISCOVERIES, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					41 <b>26</b> 7 47001 21110 13111 40(1 1001
15717 OAKLAND AVE PO BOX 488					
OAKLAND FL 34780 OAKLAND FL 34780 US			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified	
				01/27/1996	
<del></del>	Place of Business 7 Dakkud Ave	2a. Mailing Address		4. FEI Number	Applied For
21 /5 7/ Suite, Apt.	# ALC	26 <i>F.O. Box 488</i> . Suite, Apt. #, etc.		59-3359667	Not Applicable  \$8.75 Additional
22	., •.•	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Oak	land, FL	28 Oakland	FL	Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation owes or has paid the o	' '
24 347	8. Name and Address of Current		30 USA	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent      Name and Address of New Registered Agent      Name      Name					
1456 CONNICIDE LANE					
	NTER SPRINGS FL 32708		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	TIET OF THIT COLLEGE		83		<del></del>
			84 City	F	85 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. I bereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	v	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATYAS, ERIC		1.2 NAME		
STREET ADDRESS	1456 CONNORS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP		
TITLE	D DIANINE	☐ DELETE	2.1 TITLE		Change Addition
NAME	PATRICK, DIANNE 3131 NORTH POWERS DRIVE		2.2 NAME		1
STREET ADDRESS	ORLANDO FL 32818		2.3 STREET ADDRESS	:	
CITY-ST-ZIP TITLE	TIDATE OF TE	DELETE	2 4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.1 MLF		Cuttinge C Modillon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TALE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		BELETE	5.4 CITY-ST-ZIP		
TITLE		☐ DELĒTĒ	6.1 TITLE		Change Addition
NAME CIPEET ADODESC			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artifuthat the information cumplied with		6.4 CHTY-ST-ZIP	Continue 140 07/07/3 Florida Chabata 14 about	

review certify that the information supplied with this filling 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 attachment with an address.