

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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90048 013 ***158.75



| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000067703

1. Corporation Name
DISCOVERY DAYSCHOOL, INC.

| | |
|---|---|
| Principal Place of Business 2884 SOUTH MILITARY TRAIL W PALM BEACH FL 33415 | Mailing Address 2884 SOUTH MILITARY TRAIL W PALM BEACH FL 33415 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 08/14/1996 | |
| 4. FEI Number 65-0690494 | | Applied For Not Applicable | | 5. Certificate of Status Desired X \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | | 7. \$5.00 May Be Added to Fees | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| | | | | | | |
|--|--|---------|---|----|---------|-------------|
| KINO, GREGORY S 515 NORTH FLAGLER DRIVE 7TH FLOOR W PALM BEACH FL 33401 | | 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 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 hereby 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 DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | D KINO, GREGORY S | 1.1 TITLE | |
| NAME | KINO, GREGORY S | 1.2 NAME | |
| STREET ADDRESS | 2884 SOUTH MILITARY TRAIL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL 33415 | 1.4 CITY-ST-ZIP | |
| TITLE | D KINO, DORA P | 2.1 TITLE | |
| NAME | KINO, DORA P | 2.2 NAME | |
| STREET ADDRESS | 2884 SOUTH MILITARY TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL 33415 | 2.4 CITY-ST-ZIP | |
| TITLE | D BANEY, MICHAEL | 3.1 TITLE | |
| NAME | BANEY, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 2884 SOUTH MILITARY TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL 33415 | 3.4 CITY-ST-ZIP | |
| TITLE | D BANEY, NANCY | 4.1 TITLE | |
| NAME | BANEY, NANCY | 4.2 NAME | |
| STREET ADDRESS | 2884 SOUTH MILITARY TRAIL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL 33415 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)