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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076815 (5)

DISCOVERY ENTERPRISES, INC.

Principal Place of Business Mailing Address 9070 NW 53RD STREET 9070 NW 53RD STREET **CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33087-4608** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For CS-0695300 Not Applicable 26 21 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be A6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SLATKIN, JASON E ESQ 9900 WEST SAMPLE ROAD #400 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 13. 12 DELETE 1.1 TITLE Addition TITLE ROGERS, EDWARD 8 CR2E034 1.2 NAME MAME 9070 NW 53RD STREET STREET ADORESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33067** 1.4 CITY-ST-ZIP CITY - ST DELETE Change Addition TITLE 2.1 TITL€ NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-2IP DELETE Change Addition 3.1 TITLE TiTLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3 4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 51 TITLE Table 5.2 NAME NAME STREET ACORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHIY - ST - ZIP ☐ Addition DELETE Change 6.1 TITLE THE

6.2 NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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 eath; 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.

FILED May 05 1997 8:00am Secretary of State

