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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085411 (2)

1. Corporation Name

DISCOVERY DIVERSIFIED ENTERPRISES, INC.



Principal Place of Business

1248 SAN REMO AVENUE
CLEARWATER FL 34616

Mailing Address

1248 SAN REMO AVENUE
CLEARWATER FL 34616-4332

3. Date Incorporated or Qualified
10/16/1996

3a. Date of Last Report
—

2. Principal Place of Business

21 25 N BELCHER RD.

2a. Mailing Address

26 PO BOX 8162

4. FEI Number

59-3407607

Applied For

Not Applicable

Suite, Apt. #, etc.

22 K-192

Suite, Apt. #, etc.

27 CLEARWATER

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 CLEARWATER FL

City & State

28 CLEARWATER

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 34625

Country

25 USA

Zip

29 34618-8162

Country

30 USA

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

9. Name and Address of Current Registered Agent

STRUTHERS, LINDA JO
1248 SAN REMO AVENUE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name LINDA J. STRUTHERS
82 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 8162
83 K-192
84 City CLEARWATER FL 85 Zip Code 34625

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	STRUTHERS, LINDA JO	
STREET ADDRESS	1248 SAN REMO AVENUE	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PLUEMER, SNOW	
STREET ADDRESS	1248 SAN REMO AVENUE	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUNKETT, MAYA	
STREET ADDRESS	1248 SAN REMO AVENUE	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA JO STRUTHERS	
1.3 STREET ADDRESS	25 N. BELCHER RD K-192	
1.4 CITY - ST - ZIP	CLEARWATER, FL 34625	
2.1 TITLE	VP & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAYA PLUNKETT	
2.3 STREET ADDRESS	25 N. BELCHER RD K-192	
2.4 CITY - ST - ZIP	CLEARWATER, FL 34625	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Linda Jo Struthers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 1997 796-1174
Date Daytime Phone #

CR2E034 (9/96)