PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007654 (1)

DISCOVER SOFTWARE INC.

Principal Place of Business

Mailing Address

2087 EDGEWATER DRIVE UNIT H

2087 EDGEWATER DRIVE UNIT H

FILED

98 OCT 20 PM 4: 11

SECRETARY OF STATE TALLAHASSEE. FLORIDA



CLEARWATER FL 34615	CLEARWATER FL 34615			
			DO NOT WRITE IN THE  3. Date Incorporated or Qualified	S SPACE
			·	
2. Principal Place of Business	2a. Mailing Address		01/21/1997 4. FEI Number	
21 412 HARBOLION	LN 26 412 H.M.	or Wend Lone		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- ALENT CANE	2/3/36/66	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State 23 Largo, R	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 P. ~ 124 M.	Zip 33772 3	Country 0 P Country	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	ırrent year Intangible
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	i Agent
GILLIAM PHILLIP P				
2087 EDGEWATER DRIVE UNIT H	_	82 Street Addres	ss (P.O. Box Number is Not Acceptable).	-
CLEARWATER FL 34615	horness	7/2	Harbar View Co	, <del>_</del>
	CHANGE	83		
	CHANGE	84 City	3	. 85 Zip Code
		Lar	rgs = FI	33770
11. Pursuant to the provisions of sections 607.03 office or registered agent, or both, in the Sta	502 and 607.1508, Florida Statutes, ate of Florida, Such change was au	the above-named corporation	tion submits this statement for the purpose of c	hanging its registered
agent. I am familiar with, and accept the ob	igations of, section 607.0505, Flori	da Statutes.	's board of directors. I hereby accept the appo	Antiment as registered
SIGNATURE	7		8/1	5/21
Signature, typed or practi name of registrees  12. OFFICERS	gent and title if applicable. (NOTE AND DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 40
		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	~ <del>~~</del>
NAME PHILL, P BYLL	A-	1.2 NAME		Change  Addition
STREET ADDRESS	They	1.3 STREET ADDRESS		
STREET ADDRESS 412 Harbar Via	en courc	1.4 CITY-ST-ZIP		
me 7°, 72 33	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		Change Addition ;
STREET ADDRESS		2.3 STREET ADORESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		0079==0
ππε	DELETE	3.1 TITLE	-10/22/96	d Okamest Florence
NAME		3.2 NAME	*************************************	n— *******
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP 7		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		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	<u> </u>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5,4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	<del></del>	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information complied w	ith this filing does not qualify for the	avamation stated in saction	n 119 07/3/6) Elerida Statutas I further cortifu	that the totamention

I hereby 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 extentionant with an address.

SIGNATURE:

TEN TO TREQUIRED

8/15/71 (727) 466-9220

R2E034 (5/98)