

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90005 003 \*\*\*550.00

DOCUMENT # **P97000087432**

DISCOVERY MARKETING, INC.

Principal Place of Business  
N HWY 17-92  
SUITE 6  
LONGWOOD FL 32750

Mailing Address  
531 NORTH HWY 17-92 SUITE 6  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

Principal Place of Business  
26. Mailing Address  
Box 52612

Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.

City & State  
28. Longwood FL

Zip  
25. Country  
29. 32752 30. Country

4. FEI Number  
59-3472250

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, DOUGLAS  
531 NORTH HWY 17-92 SUITE 6  
LONGWOOD FL 32750

81. Name  
Douglas Kaplan  
82. Street Address (P.O. Box Number is Not Acceptable)  
1931 S. Prairie Dunes Court  
83.  
84. City  
Driedo FL 85. Zip Code  
32765

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.

GNATURE: *[Signature]*  
Signature, typed or phoned name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME  
P DOUGLAS KAPLAN ☐ DELETE  
2. STREET ADDRESS  
531 HWY 1792 SUITE 6  
3. CITY-ST-ZIP  
LONGWOOD FL 32750

4. NAME ☐ DELETE  
5. STREET ADDRESS  
6. CITY-ST-ZIP

7. NAME ☐ DELETE  
8. STREET ADDRESS  
9. CITY-ST-ZIP

10. NAME ☐ DELETE  
11. STREET ADDRESS  
12. CITY-ST-ZIP

13. NAME ☐ DELETE  
14. STREET ADDRESS  
15. CITY-ST-ZIP

16. NAME ☐ DELETE  
17. STREET ADDRESS  
18. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS Box 522493  
1.4 CITY-ST-ZIP Longwood FL 32752

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

GNATURE: *[Signature]*

7/8/99 407-650-0780

CR2E034 (5/99)