

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90014 034 ***150.00

DOCUMENT # P97000104045

1. Corporation Name

INFORMED DISCOVERY, INC.



Principal Place of Business

900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER FL 33477

Mailing Address

900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0828678

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4400 PGA BLVD.

Suite, Apt. #, etc.

22 # 303

City & State

23 PALM BEACH GARDENS, FL

Zip

24 33410

Country

25 USA

2a. Mailing Address

26 P.O. Box 32772

Suite, Apt. #, etc.

27 # 303

City & State

28 PALM BEACH GARDENS, FL

Zip

29 33410-2772

Country

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, DAVID F
900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE D
NAME TAYLOR, DAVID F.
STREET ADDRESS 900 EAST INDIANTOWN RD #301
CITY-ST-ZIP JUPITER FL 33477

☐ DELETE

TITLE D
NAME SCHILLING, SUSAN L.
STREET ADDRESS 900 EAST INDIANTOWN RD. #301
CITY-ST-ZIP JUPITER FL 33477

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D
1.2 NAME DAVID F. TAYLOR
1.3 STREET ADDRESS 4400 PGA BLVD. #303
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME SUSAN L. SHILLING
2.3 STREET ADDRESS 4400 PGA BLVD. #303
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME STEPHEN SAMSON
3.3 STREET ADDRESS 4400 PGA BLVD. #303
3.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

561-748-6200

Date

Daytime Phone #

CR2E034 (11/98)