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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

S84734

(0)

DOCUMENT #

1. Corporation Name

DISCOVERY CAPITAL GROUP, INC.

| Principal Place of Business 7200 ALOMA AVE SE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 09/25/1991 3. Date Incorporated or Qualified 09/25/1991 3. Date Incorporated or Qualified 09/25/1995 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State 6. Election Campaign Financing 7 Trust Fund Contribution Added to Fees Zip Country 7 Trust Fund Contribution 8 This corporation has liability for intangible tax under s 199.032. | Diooc | VENT ON THE GITTON | | | | | | | |
|--|--|---|--|-----------------|------------|---------------|--|-------------------------|----------------------|
| SEE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Piece of Business 2. A. Maining Address S. 2. A. Maining Address S. 2. A. FEE Number Strong States September 1 | Principal Place of | of Business | Mailing Address | | | | | TI BIBIE DEBOI DIBII DI | 011 E1011 A4011 1041 |
| Second S | 7200 ALOMA AVE | | 7200 ALOMA AVE | | | | | | |
| 3. Date reconstructed or Cualified 19/25/19/19/19/19/19/19/19/19/19/19/19/19/19/ | | | S-E | | | | | | |
| 2. Pirropal Pace of Business | WINTER PARK FL 32792 WINTER PARK FL 327 | | | | | | | | |
| Suite, Apt. II, etc. Suite, Apt. III, etc. Suite, A | 2. Principal Plac | ce of Business | 2a. Mailing Address | | | | | 1 7 | Applied For |
| City & State Ci | 21 | | 26 | | | | 59-3087740 | | Not Applicable |
| Page | Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | | L & Certificate of Status Desireo | | |
| Trust Fund Contribution Address of Sections (27 pt 29 30 Provided Standards 10 Name and Address of New Registered Agent 10 Name and Address of New Register | 22 | | | | | | Fee Required | | |
| Zip Courty Zip Bound Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name 10, | | | h1 | | | | | | |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12 (Now SR 434) STE 418 LONGWOOD FL 32779 14 (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 Statute, 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 Statute, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607,0502 in Priorida Statute, and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607,0502 in Priorida Statute, and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607,0502 in Priorida Statute, and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with an appointment as registered agent, I am familiar with a priorida agent and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with a priorida agent and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with a priorida agent and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with a priorida agent and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with a priorida agent and appropriate agent of directors. I hereby accept the appointment as registered agent, I am familiar with a priorida agent and appropriate agent agent agent agent agent agent agent agent agent | 23 | Counts | | | | | Trust rung Contribution Added to rees | | |
| Section Sect | 24 Zip | — · | h1 | ' ⊢₁ ' | | | | | |
| B1 | 24 | | | | Γ | | | | |
| 2170 W SR 434 STE 418 LONGWOOD FL 32779 11. Pursuant the provisions of Sections 607.0502 and 607.1508, Provide 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 Floride, Such change was authorized by the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride, Such change was authorized by the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am sense the state of Floride Such change was authorized by the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am sense the state of the corporation's board of directors. I hereby accept the appointment as registered agent. I am sense the state of the corporation's board of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent. I am sense the state of directors. I hereby accept the appointment as registered agent | | | | | 81 | Name | | | |
| 2170 W SR 434 STE 418 LONGWOOD FL 32779 11. Pursuant the provisions of Sections 607,0502 and £07,1508, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered disjoint, or both, in the State of Floride. Such change was authorized by the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am sensitive the obligations of Section 607,0505, Floride Statutes. SIGNATURE Superior, specific presidence of mishing agent are bine if specifically. PTSD OFFICERS AND DIRECTORS THE PTSD DELETE 1.1 THILE SAWALLO, LAWRENCE J JR 7200 ALOMA AVE STE E. WINTER PARK FL 14 City'-SI-ZP THILE D ORLETE 2.1 THILE D ORLETE 2.1 THILE D ORLETE 2.2 THILE D ORLETE 3.3 THILE D ORLETE 3.4 THILE D ORLETE Addition Addition NAME SIREET ADDRESS CITY-SI-ZP THILE D ORLETE 3.4 THILE D ORLETE 3.5 THILE D | LEONE | . JAMES R. | | | 92 | Ctroot Add | roos (P.O. Boy Number is Not Acceptable) | | |
| STE 418 LONGWOOD FL 32779 11. Pursuant to the provisions of Sections 607.0502 and £07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature PTSD | | | | | 2 | Street Aud | 1655 (F.O. DOX Marrido To Mot Moodbrasse) | | <u> </u> |
| 11. Pursuant to the provisions of Sections 607.0502 and E07.1508, Florida Statutes, the above- named corporation submits this statement for the purpose of changing list 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 a second the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted by printed age of chighling agent agent in light labe. NOT: Registered Agent signature recurred when releasting Dust. | | | | | 83 | | | | |
| The present 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 dispert. I am provisions of sections of florida Subsidiary was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am semilar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Segrature, tyrind or privations of privations agent and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privations of engineers with staget-lab. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privations of engineers with staget-lab. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and of engineers with staget-lab. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and of engineers and staget-lab. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flightonid Agent signature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flight Segrature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flight Segrature recurred when reinsulting DATE Segrature, tyrind or privation and statutes. I NOTE Flight Segrature recurred when rei | LONG | NOOD FL 32779 | | | BA | City | | 85 7ii | n Code |
| or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of director's Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byed or principace of registered agent and bit alique with. NOTE Figuresed Agent signature recoursed when reinstalling DATE | | | | | 1] |] | | FL | |
| 12. | or registere familiar with SIGNATURE | id agent, or both, in the State of Floring, and accept the obligations of, Sect | da Such change was authorize tion 607.0505, Florida Statutes. | d by the (| corp | oration's boa | rd of directors. Thereby accept the appointing | nent as registered | agent. I am |
| NAME SAVALLO, LAWRENCE J JR 12 NAME 13 STREET ADDRESS | | | | 13. | | | ADDITIONS/CHANGES TO OFFICER | RS AND DIRECTO | DRS IN 12 |
| 13 STREET ADDRESS 12 STREET ADDRESS 14 CITY-ST-ZIP | TITLE | · · · | | 1.11 | 1. 1 TITLE | | | Change | Addition |
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| CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further | CITY-ST-ZIP | | with this filing is rehisted for | 6.4 C | HY-9 | ST-ZIP | for the exemption stated in Section 119.076 | WW Florida Statu | rtes i further |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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:

SIGNATURE AND TYPED OR PHINT CHARGE OF SIGNING OFFICER OR DIRECTOR

4-29-96

(407) 672.02cc

Daytime Phone #

CR2E034 (12/95)