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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 417724

(2)

Mailing Address

PETE DYE, INC.

Principal Place of Business

FILED Jan 17 1997 8:00am Secretary of State

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3247 POLO DI DELRAY BEAC		3247 POLO DRIVE DELRAY BEACH FL 3	3483-7337						
						3. Date Incorporated or Qualified 01/30/1973		ite of Last f 25/1996	
,	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				35-1295829			lot Applicabl
Suite, Apt	≠, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired	Œ		Additional Required
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 1	Country 25	Zip 29	30	intry		8. This corporation has liability for i	_ ~ _	tax under:	s. 199.032,
	9. Name and Address of Curr	rent Registered Agent		L,		10. Name and Address of New Re	gistered /	Agent	
DYI	E JR,PAUL			81	Name				
3247 POLO DRIVE DELRAY BEACH FL 33483				82	2 Street Address (P.O. Box Number is Not Acceptable)				
t/int	ENT DESCRIPTION			83		<u>. </u>			
				84	City		FL	85 Zip	Code
SIGNATURE	Signature typed or printed name of registrical	agent and (the diapplicable	(NOTE: Ragistere			ired when reinstaling)	DATE		
2.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		- PANA
ITLE	PD	L_ DELETE						Change	Additio
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NAME			6.2 N	AME					
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CITY-ST-ZIP			6.4 C	ITY-S	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 prosper 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 or an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

V9/97 561-276-9728

Date Dayone Phone #