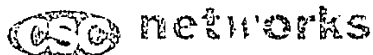


A9300000518

1201 HAYS STREET
TALLAHASSEE, FL 32301-7707
904-222-1133



ACCOUNT NO. : 072100000032

REFERENCE : 206715 9725B

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 31, 1996

ORDER TIME : 12:22 PM

ORDER NO. : 206715-010

CUSTOMER NO: 9725B

CUSTOMER: Mark Price, Esq
Roetzel & Andress
Trainon Centre, Third Floor
850 Park Shore Drive
Naples, FL 34103

\$1750.00 PF
20.00 over

CM

FILED
96 DEC 31 PM 2:23
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: D.F.B. HOLDINGS, LTD.

200002050452--6
-01/08/97--01047--015
***2346.25 ***1770.00

XXX ARTICLES OF AMENDMENT / supplemental affidavit
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail Williams

EXAMINER'S INITIALS: _____

RECEIVED
96 DEC 31 AM 1:16
DIVISION OF CORPORATION

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP**

THE UNDERSIGNED CONSTITUTING ALL OF THE GENERAL PARTNERS OF
D.F.B. HOLDINGS, LTD., A FLORIDA LIMITED PARTNERSHIP, EXECUTED
THIS SUPPLEMENTAL AFFIDAVIT FILED PURSUANT TO SECTION 620.112
FLORIDA STATUTES.

THE AMOUNT OF CAPITAL CONTRIBUTIONS OF THE LIMITED PARTNERS IS
\$898,559.00 AS OF NOVEMBER 30, 1996.

FURTHER AFFIANT SAYETH NOT,

UNDER THE PENALTIES OF PERJURY I DECLARE THAT I HAVE READ THE
FOREGOING AND THAT THE FACTS ALLEGED ARE TRUE, TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

D.F.B. Holdings, Ltd.,
a Florida limited partnership

By: Quail Baker Enterprises, Inc.,
a Florida corporation and sole general partner

By: Dexter F. Baker
Dexter F. Baker, President

FILED
96 DEC 31 PM 2:23
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF COLLIER)

The foregoing instrument was acknowledged before me this 30th day of December, 1996, by
Dexter F. Baker, as President of Quail Baker Enterprises, Inc., a Florida corporation, on behalf of said
corporation. He is personally known to me or has produced _____ as
identification.

Mark J. Price
NOTARY PUBLIC

Name: _____

(Type or Print)

My Commission Expires: _____

