## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.90

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	·
DOCUMENT 1. Corporation Name	#

J14475

DA BO CORPORATION

## FILED Apr 28 1997 8:00am Secretary of State

ра п	O CORPOR	ATTON										
	Livingst		2	ailing Address 2098 Sawgr Apopka FL				;			,	
							1	3. Date Incorporated of 1/16/90	or Qualified	3a. Da	te of Last F	Report
	ace of Bushos	5	2a.	Mailing Address				4. FEI Number	\	1		oplied For
21			26	5				59-2675430	, 			ot Applicab
Suite, Apt 1			27	Suite, Apt. #, etc 2098 Sawg	rass Dr	rive		5. Certificate of Status	Desired			Additional equired
Oity & State	; 		28	City & State Orlando,	FL			<ol><li>Election Campaign Trust Fund Contribution</li></ol>	-			May Be to Fees
7ір		Country		<sup>Zip</sup> 32712	<u> </u>	suntry		8. This corporation has				199.032
24	Q Name an	d Address of Cui			30	1		Florida Statutes  10. Name and Address		Yes _		
	9, Name Bit	J Address Of Col	irent negla	iteleo Agent		81 Nar	me Nic	holas J. Rubi		gratered )	(gent	
Nich	olas J.	Rubino										
535	Versail1	es Drive,	Suite	150		02 Str	159	ss (P.O. Box Number is N Lookout Plac	e, Sui	te 101		
Mait	land, FI	32751				83						
·						84 City	Mai	tland, FL		FL	85 32	7 <b>91</b>
11. Pursuant t	o the provisjons	s of Sections 607.	0502 and 6	07.1508, Florida S	tatutes, the a	Ll above-nam	ned corpor	ation submits this statem	ent for the p		L   changing i	ts registered
allien er er	igistere <b>c agent</b>	, or,∤ioth, ⊴r the St	tate of Florid	da. Such change v £ Section 607.050	vas authorize	ed by the d	corporatio	ration submits this statem n's board of directors. I h	ereby acces	of the appo	ointment as	registered
	is familial with.	any accept the of	V 1.	1 300 1101 1001 1000.	o, Florida Sta	atutes,			4/2	219	7	
	$- / \vee \mu$	Mas )	Kauk dagent and tille	d applicable				when re-nstating)	_4/2	DATE	· /	······································
SIGNATUR:	$- / \vee \mu$	W/2 11	Kauk dagent and tille	if applicable CTORS	(NOTE Registere	red Agent signi			_4/2	DATE	DIRECTOR	
SIGNATURE  12.  11 IF IF	$- / \vee \mu$	Mas )	Kauk dagent and tille	d applicable	(NOTE Register	rad Agent signi		when re-nstating)	_4/2	DATE	· /	RS IN 12
SIGNATURE  12.  11TH  NAME	DPT	OFFICERS	Kauk dagent and tille	if applicable CTORS	(NOYE Registere  13. 1117	rad Agent signi TITLE NAME	ature required	when re-nstating)	_4/2	DATE	DIRECTOR	
SIGNATURE  12.  1014  NAME  STEEL FACORESS	DPT Dale Ri	OFFICERS  ggenbach	dagest and tile AND DIREC	if applicable CTORS	(NOTE Register 13. 11 T 12 N 1.3 S	rad Agent signi TITLE NAME STREET ADORE	ature required	when re-nstating)	_4/2	DATE	DIRECTOR	
SIGNATURE  12.  IULE  NAME  STREET FACORESS  CIEY-SE-ZIE	D P T Dale Ri 2098 Sa	OFFICERS	dagest and the AND DIREC	if applicable CTORS	(NOTE Register 13. 11T 12N 1.3S	rad Agent signi Title NAME Street Adore City-St-Zip	ature required	when re-ristating) ADDITIONS/CHANGI	_4/2	DATE CERS AND	DIRECTOR  Change	Addition
SIGNATURE  12.  1014  NAME  STEEL LACORESS	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	d applicable CTORS DELETE	13. 11. 11. 12. 1.3.5 1.4.0 2.1.1	rad Agent signi TITLE NAME STREET ADORE	SS VP	when re-nestating) ADDITIONS/CHANGE	4/2 ES 10 OFFIC	DATE CERS AND	DIRECTOR	
SIGNATURE  12.  10TH  NAME  SIEST LACORESS  CIEY-SI-ZU  TULE  NAME	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	d applicable CTORS DELETE	11.7 11.7 12.8 13.8 1.4.0 2.1.1 2.8 1.2.1 2.8 1.4.0 2.1.1 2.2.6 1.3.5 1.4.0 2.1.0 2.	rad Agent signi  TITLE  NAME  STREET ADORE  CITY - ST - ZIP  TITLE	SS VP	when re-ristating)  ADDITIONS/CHANGE  , S  lia Riggenbac	4/2 ES TO OFFIC	DATE CERS AND	DIRECTOR  Change	Addition
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SIGNATURE  12.  IITH  NAME SIRELE ACORESS CHY-ST-ZIF T-TU-  NAME STREET ACORESS CHY-ST-ZIF	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	d applicable CTORS DELETE	13. 111 12N 138 1.46 2.11 22N 2.38	red Agent signi  TITLE  NAME  STREET ADDRE  TITLE  NAME  STREET ADDRE	VP Ny 20	when re-ristating)  ADDITIONS/CHANGE  , S  lia Riggenbac	4/2 ES TO OFFICE  Ch  Orive	DATE CERS AND	DIRECTOR  Change	Addition
SIGNATURE  12.  TITLE  NAME SHEELF ACORESS CHY-SE-ZIE  TITLE  NAME STREEL ACORESS CITY-SE-ZIE  TITLE  LITLE  NAME  STREEL ACORESS	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	d applicable CTORS DELETE	(NOTE Registers  13. 11.1 12. 13.5 14.6 2.11 22.6 23.5 2.44 3.11	TITLE NAME STREET ADDRE TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE CITY-SI-ZIP	VP Ny 20	ADDITIONS/CHANGE  ,S lia Riggenbac 98 Sawgrass I	4/2 ES TO OFFICE  Ch  Orive	DATE CERS AND	DIRECTOR Change	Additio
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SIGNATURE  12.  TITE  NAME  SIECE CACORESS  CHY-ST ZE  THE  NAME  SIREL ADDRESS  CHY-ST ZE  THE  NAME  SUBJECT ADDRESS  CHY-ST ZE  THE  NAME  SUBJECT ADDRESS  CHY-ST ZE  THE  NAME  SUBJECT ADDRESS  GEV-ST ZE  THE  NAME  SUBJECT ADDRESS  GEV-ST ZE  THE  NAME	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	d applicable CTORS DELETE	NOTE Registers  13. 111 12N 138 14C 211 22N 238 244 311 32N 34. 411 421 438 44C 511	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS VP Ny 20 Ap	ADDITIONS/CHANGE  ,S lia Riggenbac 98 Sawgrass I	4/2 ES TO OFFICE  Ch  Orive	DATE CERS AND	DIRECTOR Change Change	Addition XX Addition
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SIGNATURE  12.  TITE NAME SHELL ACORESS CHY-SL-ZP FILE NAME SHELL ACORESS CHY-SL-ZP THE NAME SHELL ACORESS	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	DELETE	NOTE Registers  13. 111 12. 13. 14. 2.11 22. 23. 24. 311 32. 43. 34. 411 42. 43. 44. 511 52. 53. 54. 611	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE STREET ADDRE	SS VP Ny 20 Ap	ADDITIONS/CHANGE  ,S lia Riggenbac 98 Sawgrass I opka, FL 32	4/2 ES TO OFFICE  Ch  Orive  2712	CERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition
SIGNATURE  12.  1011  NAME  SHELL ACORESS  CHY-SL-ZP  LIUE  NAME  STREEL ACORESS  CHY-SL-ZP  LIUE  NAMI  SURLEL ADDRESS  CHY-SL-ZP  TILLE  NAME  SURLEL ADDRESS  CHY-SL-ZP  TILLE  NAME  SURLEL ADDRESS  COLOSI - ZP  TILLE  NAME  NAME	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	DELETE	NOTE Register  13. 111 12N 138 146 2.11 22N 238 241 311 32N 34. 411 421 438 446 511 52N 538	TOTALE  NAME STREET ADDRE CITY-ST-ZIP TITLE  NAME	SS VP Ny 20 Ap	ADDITIONS/CHANGE  ,S lia Riggenbac 98 Sawgrass I opka, FL 32	4/2 ES TO OFFICE  Ch  Orive  2712	CERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition  Addition
SIGNATURE  12.  TITE  NAME  SIRCLE ACORESS  CIEY-SE-ZIE  DITE  NAME  SIRCLE ACORESS  CIEY-SE-ZIE  THE  NAME  SIRCLE ACORESS  CIEY-SE-ZIE  THE  NAME  SUREL ADDRESS  CIEY-SE-ZIE  THE  NAME  SIRCLE ADDRESS  CIEY-SE-ZIE  THE  THE  THE  THE  THE  THE  THE  T	D P T Dale Ri 2098 Sa	OFFICERS  ggenbach wgrass Dr	dagest and the AND DIREC	DELETE	NOTE Register  13. 111 12N 13S 146 2.11 22N 23S 241 311 32N 34. 411 421 43S 446 511 52N 53S 546 611	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE STREET ADDRE	SS VP Ny 20 Ap	ADDITIONS/CHANGE  ,S lia Riggenbac 98 Sawgrass I	4/2 ES TO OFFICE  Ch  Orive  2712	CERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition  Addition

4. The before refuse the internation supplied with this timing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes, 1 further certify that the information indicated on this annual report is supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 to Block, 12 or Block, 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR MENTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

407.889-4367

Daytime Phone #