

*** FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ***

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
DIRK, BILL & GARY XI, INC.

DOCUMENT #
P94000042378

Mailing Address Principal Place of Business
7280-Hawksnest-Boulevard Orlando-Florida-32835- 7280 Hawksnest Boulevard Orlando, Florida 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6/7/94		3a. Date of Last Report 5/8/95	
4. FEI Number 59-3278294		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Mailing Address c/o Christopher C. Brockman, Esquire		2a. Principal Place of Business	
21. Suite, Apt. #, etc. Post Office Box 633		26. Suite, Apt. #, etc.	
22. City & State Orlando, Florida		27. City & State	
23. Zip 32802 Country US		28. Zip Country	
24. 32802		29. US	
30. 32802		30. US	

8. Name and Address of Current Registered Agent
**The Prentice Hall Corporation System, Inc.
Suite 105
1205 Hays Street
Tallahassee, FL 32301**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/D FARROW, DIRK LINDSAY 6156 Courtside Drive Norcross, GA 30092	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V/D TAYLOR, ROBERT DOUGLAS 7280 Hawksnest Blvd. Orlando, FL 32835	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	S/D NOLEN, GARY 239 N. Harbor Drive Redondo Beach, CA 90277	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	T/D ROCKER, WALTER C. 301 Carriage Way Eaton, GA 31024	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	800001828368 -05/20/96--01025--007 ***200.00
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	D ROCKER, WILLIAM G. 409 Maiden Lane Sparta, GA 31087	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

14. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. I attest that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dirk Lindsay Farrow*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRK LINDSAY FARROW, President (770) 446-5870

5-7-96