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FILED

**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042404 (9)

**1. Corporation Name
DARDEN CORPORATION**



**Principal Place of Business
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809**

**Mailing Address
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809-4634**

3. Date Incorporated or Qualified
05/17/1996

3a. Date of Last Report

4. FEI Number
59-3378492

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for irrevocable tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

25

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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. 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, Florida Statutes.

SIGNATURE _____ **DATE** _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, JOE R	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'Hara, Jeffrey J.	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, Florida 32809	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Robert F. Faisant	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, Florida 32809	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Clarence Otis	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, Florida 32809	
TITLE	S	<input type="checkbox"/> DELETE
NAME	James McIntosh	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, Florida 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	O'Hara, Jeffrey J.
2.3 STREET ADDRESS	5900 Lake Ellenor Drive
2.4 CITY-ST-ZIP	Orlando, Florida 32809
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert F. Faisant
3.3 STREET ADDRESS	5900 Lake Ellenor Drive
3.4 CITY-ST-ZIP	Orlando, Florida 32809
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Clarence Otis
4.3 STREET ADDRESS	5900 Lake Ellenor Drive
4.4 CITY-ST-ZIP	Orlando, Florida 32809
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	James McIntosh
5.4 CITY-ST-ZIP	5900 Lake Ellenor Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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: _____ **DATE:** 1/24/97 **(407) 245-5584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert F. Faisant

Daytime Phone #

CR2E034 (9/96)