

FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT  
95-1997

FLORIDA DEPARTMENT OF STATE  
Tara B. Hamm  
Secretary of State  
DIVISION OF CORPORATIONS

95-97 AR

DOCUMENT # 97  
1. Corporation Name  
**DINK, INC. V62709 of KEY WEST.**

Principal Place of Business Mailing Address  
**610 SOUTHARD ST REAR .  
KEY WEST FLA. 33040**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified  
3a. Date of Last Report  
**1995**

21	2. Principal Place of Business <b>610 SOUTHARD ST.</b>	22	Suite, Apt. #, etc <b>REAR</b>	23	City & State <b>KEY WEST FLA.</b>	24	Zip <b>33040</b>	25	Country <b>USA</b>	26	2a. Mailing Address <b>610 SOUTHARD REAR</b>	27	Suite, Apt. # etc <b>REAR.</b>	28	City & State <b>KEY WEST FLA.</b>	29	Zip <b>33040</b>	30	Country <b>USA.</b>	4.	FEI Number	Applied For	<input checked="" type="checkbox"/>	Not Applicable
										5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution		<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 type="checkbox"/>		Yes		<input type="checkbox"/>		No						

9. Name and Address of Current Registered Agent  
**BENJAMIN C. BRUCE  
610 SOUTHARD ST. REAR.  
KEY WEST. FLA.  
33040.**

10. Name and Address of New Registered Agent

81 Name **BENJAMIN C. BRUCE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**610 SOUTHARD ST. REAR.**

83

84 City **KEY WEST.** FL 85 Zip Code **33040**

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 *Benjamin C Bruce* DATE **5/14/97.**

Signature: Type or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P. BENJ. C. BRUCE</b>	<input type="checkbox"/>	DELETE
NAME	<b>BENJ. C. BRUCE</b>		
STREET ADDRESS	<b>610 SOUTHARD ST. REAR</b>		
CITY - ST - ZIP	<b>KEY WEST FLA 33040</b>		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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				
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY - ST - ZIP				
3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY - ST - ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY - ST - ZIP				

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\*\*\*\*\*565.00 \*\*\*\*\*565.00

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 by me. 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: *Benjamin C Bruce* DATE: **5/14/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)