FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028668 (9)

2 D'S INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						AB118 11981 18113	driet geen stut fåß!
\$19 \$ BREVARD AVE 519 \$ BREVARD AVE ARCADIA FL 33821 ARCADIA FL 34266-4204							
					3. Date Incorporated or Qualified 04/13/1994	3a. Date of 04/25/	of Last Report 1996
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26							Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State City & State				6. Election Campaign Financing	C	\$5.00 May Be
23	28 Z		Country		Trust Fund Contribution		
Zip 24	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
241	9, Name and Address of Curren	29 Registered Agent	[30]		10. Name and Address of New Re		
DUD	UIS, DON		E	Name			
	I NW PINECREEK		-:		(5 A B. M. 1 - 1 M. 1 - 1 M. 1		
	ADIA FL 33821		٤	32 Street Add	ddress (P.O. Box Number is Not Acceptable)		
, , , ,			į	33			
			E	34 City		FL 8	5 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es, the abo	 ove-named cor	poration submits this statement for the n		anging its registered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505, Fk	authorized orida Statu	by the corpora les.	poration submits this statement for the p tion's board of directors. I heroby accep-	of the appoint	ment as registered
SIGNATURE		70.00					
12.	Signature, typed or printed name of registered ager OFFICERS AND		13,	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIE	RECTORS IN 12
TITLE	D	DECETE 1.1%		[1,0011101110111101111011110111101111011110		RECTORS IN 12 Change Addition
NAME	DUPUIS, DON		1.2 NAM	AE			
STREET ADDRESS	1884 NW PINECREEK AVE		1.3 B1R	EF1 ADDRESS			[8
CITY-ST-ZIP	ARCADIA FL 33821		1.4 DHY	'- ST- ZIP			
TITLE			211111	f [Change Addition
NAME	DUPUIS, TERESA		2 2 NAM	16			
STREET ADDRESS	1884 NW PINECREEK AVE		2.3 \$TR	EFT ADDRESS			
CITY-ST-ZIP	ARCADIA FL 33821		2.4 011	Y - S1 - 7IP		·····	
TITLE		[] DELETE	3.1 1 11 L			L_J	Change Addition
NAME			3.2 NAM				
STREET ADDRESS				ELI ADDRESS			
CITY-ST-ZIP TITLE		DELETE	~~~~	Y-S1-ZIP			Change Addition
NAME		□ prittt	4.1 TITL			ليا	pushite F1 WORROLL
			4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 7ITL	r-ST-ZIP		— П	Change Addition
NAME			5.1 NAM	i		J	g
STREET ADDRESS			1	ELT ADDRESS			
CITY-ST-ZIP				1-S1-71P			
TITLE		DELETE	61 1IIL				Change
NAME			6.2 NAN				
STREET ADDRESS			- 3	EE1 ADDRESS			
CITY-ST-ZIP				r - \$1 - 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

4911/11/11