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

165.00

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	JMENT bon Name	#	22	61	98

(0)

DE GUE	HERY'S, INC.				 	
Principal Place	of Business	Maling Address	***************************************			II OIDII BIBII BIBII OIBII OIDII BIBII IBBI
P.O. BOX 1528 P.O.		64 WEST ROBINSON P.O. BOX 1528 ORLANDO FL 32802-15	28			
1		•			3. Date Incorporated or Qualified	3a. Date of Last Report
					07/23/1959	05/01/1996
h1	acc of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apr	41 July 1	Suile, Apt. #, etc.			59-0875798	Not Applicable
r)	r, *:	27			Certificate of Status Desired	\$8.75 Additional Fee Regulred
[22] City & State	e e e e e e e e e e e e e e e e e e e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	[25]	[29]	30			X Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New A	egistered Agent
BRU	TON, VIRGINIA DE G.			81) Name		
	S SQUAW TRAIL			82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)
ORL	ANDO FL 32825			83		
				03)		
				84 City		FL 85 Zip Code
Tat Directions	by the provisions of Sections COV DS	02 and 607 1508 Florida Sta	tutes the s	hamen-aun	progration submits this statement for the	
office or r	egistered agent, or both, in the Slat	e of Florida. Such change wa	is authorize	d by the corpor	orporation submits this statement for the ration's board of directors. I hereby account	ept the appointment as registered
	ra familiar wilh, and accept the oblig	ganoris or, section 607.0505.	riorida Stai	utes.		ļ
SIGNATURE	Bigodoods, 45, 6, 4 or per ted name of regis cas Pag	permand the frapplicable (IOIL Registore	d Agent signarure rec	quired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TillE	P	DETELE	1.1 11	TLE		Change L Addition a
MAVE	BRUTON, VIRGINIA DEG		1.2 N	AME		(8
STREET ADDRESS	1335 SQUAW TRAIL		1.3 S	reet adoress		100
CHY - 51 - 71P	ORLANDO FL			TY-ST-ZIP		
161.0	V	☐ DELETE	2111	į.		Change L Addition C
NAME	KUZDZAŁ, BILLE JO. 6124 DOGWOOD DRIVE		22 N			\
STREET ADDRESS	ORLANDO FL			IREET ADDRESS		
CHY: ST-ZIP	UNDINOU FE	DELETE	3111	TTY - ST - ZIP		Change Addition
NAME			3 2 N	ſ		
STREET ADDRESS			1	TREET ADDRESS		}
City St. ZiP				ITY-ST-ZIP		
TILLE	and the second s	DELETE	4.1](Change Addition
ł/AMe			4 2 N	AME		
STHEFT ADDRESS			435	TREET ADDRESS		
City St 7m'			440	TY-ST-ZIP		
I.IIIf		Detele	. 517]		☐ Change ☐ Addition
NAME			5.2 N			
STEELT ADDRESS				FREET ADDRESS)
CH5 - \$1-70°		DELETE		TY-ST-ZIP		Change Addition
[] TLF		[_] DELEYE	6.1 Ti	1		L Change L Addition
NAV:			6.2 N			İ
STREET ADDRESS			1	IRSET ADDRESS		\\\
CHV-\$1-ZP		ad with this files does not as	alfutor too	ITY-ST-ZIP	lad in Section 110 07/21/1). Florida Status	loc I further cortify that the

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 efficer 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