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FILED
May 01 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 # 231423 (5)

1. Corporation Name
DULIN, INC.



Principal Place of Business: **207-K KELSEY LANE, 601-31ST SOUTH, TAMPA FL 33619 US**

Mailing Address: **207-K KELSEY LANE, 601-31ST SOUTH, TAMPA FL 33619-4312 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/28/1959		04/29/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0881911		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		<input type="checkbox"/>	
24		29		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
25		30		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				10. Name and Address of New Registered Agent			
CAROLYN S. MOYER 207-K KELSEY LANE 8010 BULLARA DRIVE TAMPA FL 33619				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				VALRICO FL 33594			

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: CAROLYN S. PEET Carolyn S. Peet 4/24/97

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CDS	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAZELRIG, THOMAS R.			1.2 NAME			
STREET ADDRESS	207-K KELSEY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA, FL 33619	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	WOOD, RAY E.			2.2 NAME			
STREET ADDRESS	207-K KELSEY LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			2.4 CITY-ST-ZIP	TAMPA, FL 33619	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEET, CAROLYN S.			3.2 NAME			
STREET ADDRESS	207-K KELSEY LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP	TAMPA, FL 33619	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: CAROLYN S. PEET Carolyn S. Peet 4/24/97 8/13/28-4247

CR2E034 (9/96)