

Aug 01 1997 8:00am
Secretary of State

DOCUMENT # F93000003863 (8)
1. Corporation Name
D. M. POTTS CORPORATION

Principal Place of Business	Mailing Address
TWO SUNTREE PLACE MELBOURNE FL 32940	TWO SUNTREE PLACE MELBOURNE FL 32940

1. Principal Place of Business		2a. Mailing Address	
1	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
2	City & State	27	City & State
3	Zip	28	Zip
4	Country	29	Country

9. Name and Address of Current Registered Agent
POTTS, DAVID M
2 SUNTREE PLACE
MELBOURNE FL 32940

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I am an officer, agent, or registered agent, or both, in the State of Florida. Such change was accepted by me, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent is desired.

OFFICERS AND DIRECTORS

NAME POTTS, DAVID M	<input type="checkbox"/> DELETE
STREET ADDRESS 711 GLENGARRY DR.	
CITY-STATE-ZIP MELBOURNE FL 32940	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file this report. If the information appears in Block 12 or Block 13 if changed, or on an attachment with an address change, it shall be so indicated.

SIGNATURE: [Signature] SIGNATURE REQUIRED

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 05/01/1996	
4. FEI Number 22-2741999	<input type="checkbox"/> Applied For <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
n's board of directors. I hereby accept the appointment as registered

When installing) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

On Section 119.07(3)(i), Florida Statutes, I further certify that the
my signature shall have the same legal effect as if made under oath; that
as required by Chapter 607, Florida Statutes; and that my name

7/15/97 467-259-~~511~~⁷¹⁸¹

CR2E034 (4/97)