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Feb 17 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 # **G19326** (9)

1. Corporation Name
D.I. DEVELOPERS, INC.



Principal Place of Business: RT 2 BOX 216, FREEPORT FL 32436, US
Mailing Address: RT 2 BOX 216, FREEPORT FL 32439-9602, US

3. Date Incorporated or Qualified: 01/19/1983
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 20719 US HWY 331 S Suite Apt. #, etc. 22 FREEPORT FL City & State 23 32439-9618 Zip Country	26 20719 US HWY 331 S Suite, Apt. #, etc. 27 FREEPORT FL City & State 28 32439-9618 Zip Country	59-2348597	Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUCCI, FRANK ROUTE 2 BOX 216 %D.I. DEVELOPERS, INC. FREEPORT FL 32439		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20719 US HWY 331 S 83 84 City FL 85 Zip Code	
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.			

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST SCHANBACK, MARTIN P. 20 WATERSIDE PLAZA, #W NEW YORK NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	P BUCCI, FRANK ROUTE 2, BOX 216 FREEPORT FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	20719 US HWY 331 S
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	V BUCCI, NICHOLAS 19 WALNUT ST NUNDA, NY 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		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		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: *Frank J. Bucci* DATE: 2-12-97 (904) 835-4739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)