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FILED

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**

4. FEI Number **59-2348597** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

21 **20719 US HWY 331 S**

Suite, Apt. #, etc.  
22 **FREEPORT FL**

City & State  
23 **32439-9618**

Zip Country  
24 Country

2a. Mailing Address

26 **20719 US HWY 331 S**

Suite, Apt. #, etc.  
27 **FREEPORT FL**

City & State  
28 **32439-9618**

Zip Country  
29 Country

9. Name and Address of Current Registered Agent

**BUCCI, FRANK  
ROUTE 2 BOX 216  
%D.I. DEVELOPERS, INC.  
FREEPORT FL 32439**

10. Name and Address of New Registered Agent

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.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHANBACK, MARTIN P.</b>	
STREET ADDRESS	<b>20 WATERSIDE PLAZA, #W</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCCI, FRANK</b>	
STREET ADDRESS	<b>ROUTE 2, BOX 216</b>	
CITY-ST-ZIP	<b>FREEPORT FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCCI, NICHOLAS</b>	
STREET ADDRESS	<b>19 WALNUT ST</b>	
CITY-ST-ZIP	<b>NUNDA, NY 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>20719 US HWY 331 S</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* SIGNATURE REQUIRED **Frank J. Bucci** 2-12-97 (904) 835-4739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)