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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24773

(5)

DIPASQUA ENTERPRISES, INC. Principal Place of Business Mailing Address 167 LOOKOUT PLACE MAITLAND FL 32751 MAITLAND FL 32751 MAITLAND FL 32751-8420								
MAIILAND FL	32/31	MAIILAND FL 92/31-0420						
					3. Date Incorporated or Qualified 02/21/1983	3a. Date of 04/11/1		port
2. Principal Place of Business 28		2a. Mailing Address	2a. Mailing Address		4. FEI Number			plied For
21	26				59-2257596			t Applicable
Suite, Apt #, etc Suite, Apt 27		Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certificate of Status Desired		8.75 A Fee Red	dditional quired
City & State		City & State	City & State		6. Election Campaign Financing		5.00	May 8e
Z ip	Country Z.p		Country		Trust Fund Contribution		Added to	
24	25	29	30		8. This corporation has liability for Florida Statutes	Yes No		199.032,
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	ASQUA, LUCY] B1	Name				
167 LOOKOUT PLACE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MAITLAND FL 32751			83		······································		~~~~	
			84	City		FL 85	Zip C	;ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the above-	named corpo	ration submits this statement for the	purpose of char	nging its	registered
agent. La	registered agent, or both, in the sta im familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statutes.	ne corporatio	on's board of directors. I hereby acce	thr rue abbourin	ieni as i	egistereti
SIGNATURE	Ola de la contraction de la co	MATERIAL STATE OF THE STATE OF	E. Registered Agent	-input an row line	Lubas salitational	DATE		
12.	Signature typed or profited name of registered agent and like it applicable (NOTE OF FICE RS AND DIRECTORS		13.	signature requirec	ADDITIONS/CHANGES TO OFFI		ECTOR	S IN 12
TITLE	PD	☐ DELETE 1.1 T					Change	Addition
NAME.	שור היים של היים ו		1.2 NAME					
STREET ADDRESS	167 LOOKOUT PLACE		1.3 STREET AL	· · · · · · · · · · · · · · · · · · ·				ļ
City - ST - ZiP			1.4 CITY-ST-	ZIP			Change	Addition
TITLE NAME	- I		2.1 TITLE 2.2 NAME			ш,	vigithe.	Addition
STREET ADDRESS	DIPASQUA, PETER, JR. 167 LOOKOUT PLACE		2.3 STREET A	DORESS				
C(TY - S1 - ZIP	MAITLAND, FL 00000		2. 4 CITY-ST					
TITLE	VD	☐ DELETE 311					Change	Addition
NAMÉ	GANSSLE, JEFF		3.2 NAME					
STREET ADDRESS	167 LOOKOUT PLACE		3.3 STREET A	DDRESS				
CITY - ST - 7(P)			3.4. CITY-SY-	- ZIP	·		Change	Addition
TIFLE NAME	4		4 1 TITLE 4 2 NAME			۱ لـــا	Juanyo	E MOUNTON
STREET ADDRESS			4 3 STREET AU	DDRESS				
CITY-SI-7P			4.4 CHTY - ST -					
TITLE			5.1 TITLE				Change	Addition
HASTE.			5.2 NAME					
STREET ADDRESS			5.3 STREET A	DORESS				
CITY: \$1-2IP			5.4 CITY - \$T-	ZIP			Obas ::	Apares.
TITLE		DELETE	6.1 TITLE			L) (Change	Addition
•			6.2 NAME					
STREET ADORESS	<u> </u>		6.3 STREET A	DDRESS	•			ļ

14. I do hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name