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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G92437

DART PUB VENTURES, INC.

(4)

FILED Apr 24 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				7 INDUSTRI DOLO INSTA DIDON DIDON DIDON SILEM CODE DIDILI BEDRE DIDILI DEDILI DEDILI DEDILI DEDILI DEDILI DEDIL			
635 SW 28 ST Gainesville FL 32607		635 SW 28 ST Gainesville FL 3	635 SW 28 ST Gainesville FL 32607-3139						
						Date Incorporated or Qualified 03/21/1984		te of Last F	
2. Principa Pi	lace of Business	2a. Mailing Addres	SS			4. FEI Number			pplied For
21		26				59-2380839			ot Applicable
Suite Apt. :	#. etc.	Suite, Apt. #, e	itc.			5. Certificate of Status Desired			Additional equired
22 City & State		City & State				6 Finalin Committee Standing			
23		28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country Zip		Co	Country		8. This corporation has liability for in			
24	25	29	30	,	•		Yes [i. 199.032,
=:	9. Name and Address of Cu		1991	T		10. Name and Address of New Re			
CLA	RK, EDWARD L.			81	Name	· · · · · · · · · · · · · · · · · · ·		,	***************************************
	SW 28 ST.				0				
	NESVILLE FL 32607			82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
				83					

	·	•		84	City		FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the c	• • • • • • • • • • • • • • • • • • • •				lred when reinstating)	DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DP	☐ DELE	ETE	TITLE				Change	Addition
NAME	Clark, Edward		1.21	NAME					
STREET ADDRESS	2106 SOUTHWEST 13TH	ST	1.33	STREET	ADORESS				
C(TY - S1 - Z(P	GAINESVILLE FL			CITY-S	iT-ZIP				
1111.6		☐ DELE	ETE 21	TITLE				Change	Addition
NAME			221	MAME	İ				
SPREET ADDRESS			2.3	STREET	ADDRESS				
City S1-ZiP				CITY-	ST-ZIP				
THILF		☐ DELE		TITLE				Change	Addition
NAME				NAME			·* :		
STREET ADDRESS					ADORESS				
COLY - ST - ZIP TITLE		☐ DEL1		CITY-: TITLE	ST-ZIP			Change	Addition
NAME								- Antilike	L Addition
STREET ADDRESS				NAME	ADDRESS			`	Na. No.
CITY - ST - 70P				CITY-S	ADDRESS				1
TILE		☐ DEL		TITLE	1-21			Change	noilitiba 🗌
NAME		_		NAME					
STREET ADDRESS					ADDRESS				
City - St - 74P				CITY-S					
THE		DEL		TITLE				Change	Addition
NAML				NAME				v -	 -
STREET ADDPESS					ADORESS				
CITY - S1 - 7/P				CITY-S					
14. I do neret	by certify that the information sup	oplied with this filing does no	ot qualify for the	630	mption state	d in Section 119.07(3)(i), Florida Statutes	. I further	certify that	the

Lam an officer or director of the corporation appears in Block 12 or Block 13 if change cute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: