

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J02981 (5)
1. Corporation Name
DABI, INC.

Principal Place of Business
238 N. WESTMONTE DR.
SUITE 200
ALTAMONTE SPRINGS FL 32714

Mailing Address
238 N. WESTMONTE DR.
SUITE 200
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 375 Douglas Ave Suite, Apt. #, etc. 22 Suite 2006 City & State 23 Altamonte Spgs, FL Zip 24 32714		2a. Mailing Address 26 375 Douglas Ave. Suite, Apt. #, etc. 27 Suite 2006 City & State 28 Altamonte Spgs, FL Zip 29 32714		3. Date Incorporated or Qualified 03/10/1986	
25 USA		30 USA		4. FEI Number 59-2644128	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent GEYS, LOUIS 238 N. WESTMONTE DR. SUITE 200 ALTAMONTE SPGS. FL 32714		10. Name and Address of New Registered Agent	

81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP	

14. I 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:

4-15-98 467-823-5511

CR2E034 (10/97)