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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

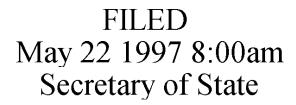
DOCUMENT # J48283

(2)

DWAYNE, INC.

| Princinal | Place of | Business |
|-----------|----------|----------|

Mailing Address





| 1690 HARBOUR CAY LAME LONGBOAT KEY FL 34228 | | | 1830 HARBOUR CAY LANE LONGBOAT KEY FL 34228-3550 | | | | | | | | | | | |
|--|--|--|---|---|-------------------------------------|-----------------------|-------------------------------------|--|-----------------|---|---|-----------------------|------------------------|---------------------------------|
| | | | | | | | Date Incorporated or Q 2/22/1986 | 3a. Date of Last Report 10/17/1996 | | | | | | |
| 21 | Place of Business | | 2s. Mailing Ad 26 | | | | | | | El Number 59-2755984 | | | | Applied For Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. | Suite, Apt. #, etc | | | | 6. 0 | Certificate of Status De | sired | \$8.75 Additional Fee Required | | | | |
| City & Stat | to | | City & Stat | e | | | * | | | lection Campaign Fina rust Fund Contribution | ncing | | \$5.0 | O May Be d to Fees |
| Zip 24] | 25 | ountry | Zip 29 | | 30 | untry | | | F | his corporation has lia lorida Statutes | | Yes [|] No | s. 199.032, |
| | | | nt Registered Agen | <u>t</u> | | 04 | Mana | | 10. l | Name and Address of | New Re | gistered / | lgent | |
| | L-APELT, HELGA | | | | | 81 | Name | | | | | | | |
| 1630 HARBOUR CAY LANE LONGBOAT KEY FL 34228 | | | | | 82 83 | Street | Address | ddress (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | 63 | | | | | | | | |
| | | | | | | 84 | City | | | | | FL | 85 Z | p Code |
| 11. Pursuant office or ragont. La | to the provisions of registered agent, or orn familiar with, and | Sections 607.050 both, in the State diaccept the oblig | 02 and 607.1508, Flo e of Florida. Such ch pations of, Section 60 | orida Statuti ange was a 07.0505, Fio | es, the a authorize orida Sta | bove d by tutes | the cor | d corpora rporation | ation n's bo | submits this statement ard of directors. I here | for the p by accep | urpose of the appo | changing cintment a | its registered as registered |
| SIGNATURE | | | | | | | | | | | | | | |
| 12. | Signature, typed or printe | | ent and little if applicable | ITOM) | | d Age | nt signatur | e required v | | | A AFRIA | DATE | SIDEOTA | |
| TITLE | PD | OFFICENS AN | | DELETE | 13. | ITI F | | T | AL | DITIONS/CHANGES T | O OFFIC | | Change | |
| NAME | WALL, DR. FRI | rz | | | 12 N | | | | | | | | and oldings | , |
| STREET ADDRESS | 1630 HARBOUI | | | | | | ADDRESS | 1 | | | | | | |
| CITY-ST-ZIP | LONGBOAT KE | | | | | ITY-S | | | | | | | | |
| TITLE | VS | | | DELETE | 217 | | . 2.71 | 1 | | | · · · · · · | | Change | Addition |
| NAME | WALL, DR. HEL | .GA | | | 22 N | AME | | l | | | | | | |
| STREET ADDRESS | 1630 HARBOUI | R CAY LANE | | | | | ADDRESS | 1 | | | | | | |
| CHTY-ST-ZIP | LONGBOAT KE | Y FL | | | | OTY-S | | İ | | | | - | | |
| TITLE | | | | DELETE | 3.1 T | | | 1 | | | | | Change | Addition |
| NAME | | | | | 32 N | AME | | | | | | | | |
| STREET ADDRESS | | | | | 3.3 S | TREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 3.4. 0 | HTY - S | T• ZIP | | | | | | | |
| TITLE | | • | | DELETE | 4.17 | TLE | | | | | *************************************** | | Change | Addition |
| NAME | | | | | 4.21 | IAM E | | | | | | | | |
| STREET ADDRESS | | | | | 4.3 S | TREET | ADDRESS | | | | | | | |
| CHY-ST-ZIP | | | | | 4.4 C | ITY - S | r-zip | 1. | | | | | | |
| TITLE | | | | DELETE | 5.1 To | TLE | | | | | | | Change | Addition |
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| STREET ADDRESS | | | | | 5.3 S | TREET | ADDRESS | | | | | | | |
| C-TY - ST - ZIP | | | | | 5.4 C | ITY-\$1 | F-ZIP | | | | | | | |
| TITLE | | | | DELETE | 6.1 TI | RE | ••••••• | | | | ···· | | Change | Addition |
| NAME | | | | | 62 N | AME | | | | | | | | ļ |
| \$TREET ADDRESS | | | | | 6.3 S | rreet | ADDRESS | | | | | | | |
| CITY - ST - ZIP | | | | | 6.4 C | TY-S1 | -ZiP | | | | | | | |
| 14. I do heret | ov certify that the in | formation supplie | d with this filing doe | s not qualif | | | | stated in | Sect | ion 119.07(3)(i). Florida | Statutes | Liurther | certify the | at 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 Lant an officer or director of the corporality or the reporter by 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 changin, or on an experiment with an address.

SIGNATURE: