SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # J51035 D.N.I. REALTY, INC.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FILED Jul 22 1998 8:00am Secretary of State

- A (MACANA) ANDA ANNON ANAN ANNON ANNON ANNA ANNAN ANNAN ANNAN ANNAN ANNAN ANNAN ANNAN ANNAN

Change Addition

407 380 354

L						! (\$124) \$121 \$124 [151] \$4 \$1 \$104 \$104 \$104		Afaii aigii bigii ibbi	
Principal Place of Business Mailing Address						n indicate offic beath tends mother tites fiet differ	OFFICE BORNS	#1014 B1811 B1811 4891	
7575 DR. PHILLIPS BLVD SUITE 170 7575 DR. PHILLIPS BLVD SL ORLANDO FL 32819 ORLANDO FL 32819			SUITE 170	JITE 170		DO NOT WRITE IN THE	S S PACE	E	
						3. Date Incorporated or Qualified			
						01/02/1987			
2. Principal P	2a. Mailing Address	ing Address			4. FEI Number		Applied For		
21		26	· · ·			59-2762498		Not Applicable	
Sulte, Apt.	#, etc.	Sulte, Apt, #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	te	City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28				Trust Fund Contribution		lded to Fees	
Zip	Country	Zip	Country	1		8. This corporation owes or has paid the cu			
24	25	_ 	30	· · · · · · · · · · · · · · · · · · ·		Personal Property Tax due June 30.	Yes	∐ No	
	9. Name and Address of Current	Registered Agent		1 41		Name and Address of New Registered	Agent		
	IMER\$, BERNARD D.		81	Name					
235 S. MAITLAND AVENUE				82 Street Address (P.O. Box Number Is Not Acceptable)					
P.O. BOX 1393				 					
MAITLAND FL 32751									
]			84	City			85	Zip Code	
11. Pursuant	to the provisions of postions 607 0503	and CO7 1509 Flacida Cintudas			one exetin	on submits this statement for the purpose of c	- 	ito romintered	
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corp	poration's	board of directors. I hereby accept the appo	nanging i intment a	as registered	
ì	am familiar with, and accept the obliga	tions of, section 607.0505, Flo	rida Statute	S.					
SIGNATURE	Signature, typed or printed name of registered agent	and tille fl applicable. (NO	E: Registered	Soent signatu	ure required w	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		T		Char	nge Addition	
NAME	MCMURTRIE, HUDSON O.		1.2 NAME		[•	
STREET ADDRESS	1524 HOFFNER AVENUE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	ORLÁNDO FL		1.4 CITY-S	T-ZIP					
TITLE	PD	DELETE	2.1 TITLE		PD		Char	nge Addition	
NAME			2.2 NAME	2.2 NAME RIC		LARD D. JUNKINS 18 GILPIN WAY LANDO, FL 32812			
STREET ADDRESS	the state of the s		2.3 STREE	2.3 STREET ADDRESS		& GILPIN WAY			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S	T-ZIP	OR	CANDO, +L 32812			
TITLE	·	DELETE	3.1 TITLE		İ		L Char	nge Addition	
NAME			3.2 NAME		1				
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP			3.4 CITY-S 4.1 TITLE	r-ZIP	 		TT.		
NAME		DELETE	4.7 IIILE 4.2 NAME]		Char	inge Addition	
STREET ADDRESS				ADDRESS					
}			4.4 CITY-S		\				
CITY-ST-ZIP		DELETE	5.1 TITLE	1-24-	 		Char	nge Addition	
NAME		□ Nercic	52 NAME		}		L Cuar	ii Aduliioti	

5.3 STREET ADDRESS

7-9-58

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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 of 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 conforation 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.

DELETE