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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L41931 (1)

1. Corporation Name  
DOMINICK INV. CORP.

Principal Place of Business  
349 ASHBY LANE  
PALM CITY FL 34990

Mailing Address  
349 ASHBY LANE  
PALM CITY FL 34990-1761



3. Date Incorporated or Qualified 01/11/1990  
3a. Date of Last Report 04/05/1996

|                                |  |                        |  |   |  |  |  |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number 65-0178965  |  | Applied For  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  |   |  | Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

DITERLIZZI, MICHAEL  
1370 SE DYER POINT ROAD  
PALM CITY FL 34990

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

2-18-97

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PD                   | 11 TITLE  |  |
| NAME                       | DITERLIZZI, NICHOLAS | 12 NAME   |  |
| STREET ADDRESS             | 349 ASHBY LANE       | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | PALM CITY FL         | 14 CITY-ST-ZIP  |  |
| TITLE                      |                      | 21 TITLE  |  |
| NAME                       |                      | 22 NAME   |  |
| STREET ADDRESS             |                      | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 24 CITY-ST-ZIP  |  |
| TITLE                      |                      | 31 TITLE  |  |
| NAME                       |                      | 32 NAME   |  |
| STREET ADDRESS             |                      | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 34 CITY-ST-ZIP  |  |
| TITLE                      |                      | 41 TITLE  |  |
| NAME                       |                      | 42 NAME   |  |
| STREET ADDRESS             |                      | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 44 CITY-ST-ZIP  |  |
| TITLE                      |                      | 51 TITLE  |  |
| NAME                       |                      | 52 NAME   |  |
| STREET ADDRESS             |                      | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 54 CITY-ST-ZIP  |  |
| TITLE                      |                      | 61 TITLE  |  |
| NAME                       |                      | 62 NAME   |  |
| STREET ADDRESS             |                      | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 64 CITY-ST-ZIP  |  |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

Daytime Phone #

381  
286-1554

CR2E034 (9/96)