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Apr 14 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 # **L59127** (5)

1. Corporation Name
D.N.V., INC.



Principal Place of Business Mailing Address
% JAMES C. ROWE
100 2ND AVE. SOUTH, SUITE 400 NORTH TOWER
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **07/24/1996**

2. Principal Place of Business 2a. Mailing Address
21 **4393 GULF BLVD** 26 **4393 GULF BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
ST PETERSBURG BEACH FL **ST PETERSBURG FL**

24 Zip 25 Country 29 Zip 30 Country
33706 **PINELLAS** **33706** **PINELLAS**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROWE, JAMES C.
RIDEN EARLE KIEFNER P.A.
100 2ND AVE S., STE 400 NORTH TOWER
ST. PETERSBURG FL 33701
81 Name **DONATO CLEMENTE**
82 Street Address (P.O. Box Number is Not Acceptable) **3142 W. VINA DEL MAR BLVD**
83
84 City **ST PETERSBURG BEACH FL** 85 Zip Code **33706**

11. Pursuant to the provisions 607.0502 and 607.0505, 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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE **Donato Clemente** DATE **4/8/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLEMENTE, DONATO			1.2 NAME			
STREET ADDRESS	3142 W. VINA DEL MAR BLVD			1.3 STREET ADDRESS	3142 W. VINA DEL MAR BLVD		
CITY - ST - ZIP	ST PETE BEACH FL			1.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 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: **Donato Clemente** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)