

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L91093** (9)

1. Corporation Name

DBC-PI DEVELOPMENT, INC.



Principal Place of Business

**401 W COLONIAL DR.
SUITE 7
ORLANDO FL 32804**

Mailing Address

**401 W COLONIAL DR.
SUITE 7
ORLANDO FL 32804**

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACARTHUR, WILLIAM H.
401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804**

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 or officer/director

NOTE: Registered Agent signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MACARTHUR, WILLIAM H.	
STREET ADDRESS	401 W COLONIAL #7	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACARTHUR, WILLIAM H.	
STREET ADDRESS	401 W COLONIAL #7	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	VOUKLUGE, HERBERT	
STREET ADDRESS	401 W COLONIAL #7	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PARIS, DANIEL W.	
STREET ADDRESS	401 W. COLONIAL #7	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CRENSHAW, JAMES L	
STREET ADDRESS	401 CLONIAL DR #7	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AST
5.3 STREET ADDRESS	ELIZABETH CONNOR
5.4 CITY-STATE-ZIP	401 W. COLONIAL DR, SUITE 7
	ORLANDO, FL 32804
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elizabeth S. Connor* **ELIZABETH S. CONNOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(407)425-8276

CR2E034 (12/95)