FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L97887

(8)

THE	DOWNTOW	/n Neighborhoo	D GROU	P, INC.			_						
Principal Place of Business Mailing Address 528-A CLEMATIS ST 528-A CLEMATIS ST W PALM BCH. FL 33401 W PALM BCH. FL 33401-5304 US US									1 (1001)(6)) 610 36111 1009)(4)(8) 1611) 100) 01)61 6161 6101 6101 6101 6				
								ſ	 Date Incorporated or Qualified 09/04/1990 		te of Last F 04/1996	Report	
	ipal Place of Bus	iness	~~~~	2a. Mailing Address 26					4. FEI Number 65-0230037		f—f—	pplied For	
	Apt. #, etc.		Su	Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	ot Applicable Additional	
22 City &	State		27 Ci	City & State					6. Election Campaign Financing \$5.00 May Be				
23			28				_		Trust Fund Contribution			to Fees	
Zip		Country	+	Zıp Cou				This corporation has liability for intangible tax uncleanted.			. 199.032,		
24	a Nam	25 e and Address of Currer	29	nd Anent	30	т		1	Florida Statutes 10. Name and Address of New Re	Yes [
	CORNING, LA			ou rigo().		81	Name		To traine discrete in the second	giotoros	- gork		
	513 1/2 CLEN				Street A	Addres	fress (P.O. Box Number is Not Acceptable)						
	W PALM BCH	l. FL 33401							iless (iO. Dox ivalities is two Acceptable)				
						83							
						84	City			FL	85 Zip	Code	
ager SIGNATU	nt. I am familiar v URE	with, and accept the obliging or printed name of registered against the obliging of the state of the state of the state of the obliging of the	ations of, Se	ection 607.0505, Fl	orida Sta	alutes	S.		ation submits this statement for the pair is board of directors. I hereby acce, when reinstand)	DATE			
12.	DPC	OFFICERS AN	D DIRECTO	DELFTE	13.	TITLE	· 1	l	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR Change	RS IN 12	
NAME		IG, LAWRENCE		<u></u>	•	NAME			•		onlings		
STREET ADD		CLEMATIS STREET					1.3 STREET ADDRESS						
CITY-ST-ZI	P W PALM	A BCH. FL				CITY-S	T-7IP						
TITLE NAME				DELETE		TITLE NAME		ļ			Change	Addition	
STREET ADD	DRESS						ADDRESS						
CITY-ST-ZII						CITY-S							
TITLE				DELETE 31 I							Change	Addition	
NAME CTREET ADD	NDCCC					NAME	ADDDESS.	1					
STREET ADD	1				- 6	CITY-S	ADDRESS ST-ZIP						
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NAME					4. 2	NAME	1	ĺ					
STREET ADD							ADDRESS						
CITY-ST-ZII TITLE	IP			DELETE		CDY-S TITLE	I - ZIP				Change	Addition	
NAME				_ orrer	- 6	NAME	1]			Onungo		
STREET ADD	PRESS						ADDRESS						
CITY-ST-ZI	IP .				5.4	CITY-S	1- ZIP						
TITLE	1			DELETE	- 1	TITLE	- 1				Change	Addition	
NAME	2000				1	NAME	1000cor	Į					
STREET ADD	JRESS				6.3	STHEET	ADDRESS	I					

14. I do hereby certify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of the corporation or the regritory 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 proved abachment with an address.

CITY-ST-ZIP

FILED

Apr 24 1997 8:00am

Secretary of State