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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

M56291

DREAM ACRE ENTERPRISES, INC. 4-95

Mailing Address Principal Place of Business 4305 LAKE GLEN DRIVE 4305 LAKE GLEN DRIVE MELBOURNE FL 32934-7711 MELBOURNE FL 32934-7711 3a. Date of Last Report 3. Date Incorporated or Qualified 07/28/1987 08/04/1995 4 FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired W Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zφ ZwYes No 25 30 Florida Statutes 24 29 10. Name and Address of New Flegistered Agent g. Name and Address of Current Registered Agent 81 Name MESSENGER, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 62 4305 LAKE GLEN DRIVE 83 MELBOURNE FL 32935 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. dulit. Buyatesat Apertagnat a responsibilities recitating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 Trice TIME PREGIAFNT / DIR MESSENGER, MICHAEL E. 1.2 NAME MICHAEL F. MESSENGER 4305 LAKEGLEN ONLUE NAME 4305 LAKE GLEN DRIVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL MULBOURNE, FL 32934 1.4 CITY - ST - ZIP CITY - \$T - ZIP DELETE 2 1 III F SECRETARY Change TITLE DEBORAH L. MESSENGER 2.2 NAME NAME 2.3 STREET ADDRESS 4305 LAKEGLEN DR STREET ADDRESS MELBOURHE, FL 32934 CITY-ST-ZIF 2.4 C/TY - \$1 - Z/P DELETE 3.11011 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 117.6 TITLE NAME 4.2 NAME 4.3 STREET ADOPESS STREET ADDRESS 4.4.0(I) - SI - ZIP CITY-ST-ZIP DELETE Addition 5 1 THEF TITLE 2000018422 -05/29/96--01030--036 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS \*\*\*208.75 5.4 CITY - ST - ZiP C:TY-ST-Z:P ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

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)(4). 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 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 the fight or on an attachment with an address

6.3 STREET ADDRESS

STREET ADDRESS

MICHAELE MESSENGER 4-2896 242.951

CR2E034