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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

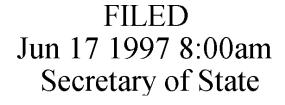
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M80769

(6)



DRM, II	NC.								
Principal Plac	ce of Business	Mailing Address				I 000400ut 001 10tt/ 00t/10 100t/ 00t/10 0	ili eseli bioli i		
1624 W. EDGEWOOD AVENUE 9574 BEAVCLERG COVE RD. JACKBONVILLE FL 32208			% DONNA R. HAMM 9574 BEAVCLERC COVE RD. JACKSONVILLE FL 32257-5450			3. Date incorporated or Qualified	99 Do	te of Last R	in a language of the language
US						05/12/1988		01/1996	ероп
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	1 00/		oplied For
21		26				59-2896725		— + <i></i>	ot Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.				5. Certificate of Status Desired		\$8.75	~
22		27				Certificate of Status Desired		Fee Re	quired
City & Sta	te	City & State				6. Election Campaign Financing	-	\$5.00	
23		28	-т			Trust Fund Contribution		Added t	
Zip	Country	Zip 1711	Cour	ntry		8. This corporation has liability for			. 199.032,
24	9. Name and Address of Current	29	[30]			10. Name and Address of New Re	Yes [
LIA		t riegistored Agent		81	Name	10. Haine Blu Addies of New 11	7gibtoi ¢u A		
TAMM, DOMAN N.								·	
	CKSONVILLE FL 32216			82 Street Add		ess (P.O. Box Number is Not Accepta	ble)		
ייינט	CHOOMILLE I L SEZIO		ļi	63					
			ļ.		en i			TEET ST	
				84	City		FL	85 Zip (Jode
11. Pursuant office or agent. La	to the provisions of Sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obliga	P and 607.1508, Florida Stat of Florida Such change was thons of, Section 607.0505, t	utes, the ab- s authorized Florida Statu	ove- l by itos.	-named corp the corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appo	changing its sintment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ager	of any Cale II mande address (Chi	Cittle Rose etword			ed when reinstating)	DAlt		
12.	OFFICERS AND	7.77787 1	13.	Miles	r signature require	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	PS	☐ DELETE 1		1.1 TITLE				Change	Addition
NAME	HAMM, DONNA R.		1.2 NAM	ME	1				
STREET ADDRESS	9574 BEAUCLERC COVE RD.		1 3 S1R	RELA	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiT'	Y-\$1	- 7 IP				
TITLE	VD	☐ DCCFTE	217/11	Lŧ				☐ Change	Addition
NAME	HAMM, THOMAS, R		2.2 NAN	2.2 NAME					
STREET ADDRESS	9574 BEAUCLERC COVE RD		2.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL	PECETE	2. 4 CI1		1 - ZIP			F 1 01	1 1 1 1 1 1 1 1 1 1
TITLE		DELETE.	3.1 TITL					∐ Chang∈	Addition
NAME CARECA ARROGEOGO			3 2 NAM		LODOL OC				
STREET ADDRESS			•		AODRESS				
CITY-ST-ZIP TITLE		☐ DELFTE	3.4. CIT 4.1 711L		1 · Zil'			Change	Addition
NAME			4. 2 NA						m.,
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ļ		4.5 011						
TITLE		DELETE	5.1 TITL		-"			Change	Addition
NAME			5.2 NAN	ΜC					
STREET ADDRESS			5.3 S1R	(L) A	ADDRESS				
CITY-ST-ZIP			5.4 CITY	Y - S1 -	· ZIP				
TATLE		☐ DELETE	61 TITU	_E				Change	Addition
NAME			62 NAN	v#F					
STREET ADDRESS			6.3 S1R	REELA	ADDRESS				
CITY-ST-ZIP			6.4 C(1)						
14. I do here	by certify that the information sumplied	(with this filing does not our	alify for the e	Yen	untion stated	in Section 119 07(3)(i) Florida Statute	is Lifurther	certify that :	the

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. 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 difference of the