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Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000832 (3)
1. Corporation Name
THE DOME DISTRICT BUSINESS ASSOCIATION, INC.



Principal Place of Business: 1750 CENTRAL AVE ST PETERSBURG FL 33712
Mailing Address: 1750 CENTRAL AVE ST PETERSBURG FL 33712-1342

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 02/16/1996
3a. Date of Last Report
4. FEI Number: 59-3443388
6. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BONSEY, RICHARD
1750 CENTRAL AVE
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCANLAN, WILLIAM J	
STREET ADDRESS	1720 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARREN, JOHN	
STREET ADDRESS	1124 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWNS, BETTIE L	
STREET ADDRESS	6177 6TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMM, CHARLES	
STREET ADDRESS	20 18TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UPCHURCH, DONALD	
STREET ADDRESS	1756 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, MARK	
STREET ADDRESS	1320 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: [Handwritten Date]

CR2E037 (9/96)