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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003463 (3)**

1. Corporation Name

DI'S IMANI, INC.



Principal Place of Business 4140 5TH AVENUE NORTH ST. PETERSBURG FL 33710	Mailing Address 4140 5TH AVENUE NORTH ST. PETERSBURG FL 33710
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2. Principal Place of Business 21 4140 5th AVE. N. St. Pete FL Suite, Apt. #, etc. 22 A & B City & State 23 St. Petersburg FL Zip 24 33713	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 A & B City & State 28 St. Petersburg FL Zip 29 33713 Country 30 USA
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3. Date Incorporated or Qualified 06/16/1997
4. FEI Number 59-3444054
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent BALARK, WILMA J 4140 5TH AVENUE NORTH ST. PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **Wilma J. Balark** **CO-Executive Director** **1/26/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Executive Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn V. Smith	1.2 NAME	
STREET ADDRESS	4140 5th Ave N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33713	1.4 CITY-ST-ZIP	
TITLE	CO-Executive Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma J. Balark	2.2 NAME	
STREET ADDRESS	4140 5th Ave N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33713	2.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Martinus	3.2 NAME	
STREET ADDRESS	7200 Sunshine Skyway Lane 3E	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33714	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Jacobacci	4.2 NAME	
STREET ADDRESS	1535 9th St. North	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33704	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanie Blue	5.2 NAME	
STREET ADDRESS	760 19th Ave South	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33705	5.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Hardwick	6.2 NAME	
STREET ADDRESS	3600 29th Ave South	6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete FL 33711	6.4 CITY-ST-ZIP	

14. I 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 **Wilma J. Balark** **1/26/98** **(813) 331-2600**

CR2E037 (10/97)