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 # P92000013143 (2)

DUNESCAPES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				I IN DISENT CHE SERVE MANY NAMA RASAL D		JBEBO HOBBO IN		/86 (4)(188)	
3808 16TH AVE W BRADENTON FL 34205		3808 16TH AVE W BRADENTON FL 34205-15	3908 16TH AVE W BRADENTON FL 34205-1541									
							 Date Incorporated or Qualifie 12/21/1992 	đ	3a. Date 02/07	of Last 7/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number				Applied For	
21		26					65-0378209 Not Applicable					
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			+	Additional	
22] City & State	^	City & State	City & State								Required	
23 City & State	9	⊢ ´	28				Election Campaign Financing Trust Fund Contribution	I			O May Be d to Fees	
Zip	Country	Ζιρ	Cou	intry	 /		8. This corporation has liability f	ior in			· · · · · · · · · · · · · · · · · · ·	
24	25	29	30	,			Florida Statutes		Yes 🔲		8. 199.032,	
	9. Name and Address of Curren			[1	0. Name and Address of New	Reg	istered A	gent		
PATT	TEN, BRUCE F			81	Name	9						
	16TH AVE W			82	Stree	1 Address	(P.O. Box Number is Not Accep	tabl	e)			
BRAI	DENTON FL 34205											
				63								
				84	City					85 Zir	o Code	
34 6	10	0 - 1 007 4500 Ft-11 0-1		<u> </u>	<u></u>		10 10 10 10 10 10 10 10 10 10 10 10 10 1		FL	Щ.		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	nes tric a authorize	d by	e-name / the co	a corpora rporation'	ition submits this statement for the is board of directors. I hereby ac	ie pu cept	irpose of c I the appoi	inanging intment a	its registered	
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, F	lorida Sta	tutes	S .						·	
SIGNATURE	Signature, typed or printed name of registered ago	et and title d'apol cable (NC) i - Registere	α Λος	ont signatu	re required w	men reinstating)		DATE			
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OF	FICE		DIRECTO	RS IN 12	
TITLE	PID	DELETE 15 11		TLE			<u></u>		I	Change	Addition	
NAME	PATTEN, BRUCE F			AME								
STREET ADDRESS	PO BOX 9312		1.8 STREET ADDRESS			:						
CITY-ST-ZIP	BRADENTON FL 34206			14 CITY - ST - ZIP								
TITLE	VSD	☐ DELETE		21 THLE					L	Change	e L Addition	
NAME	PATTEN, RUTH A		2 P. N.									
STREET ADDRESS	PO BOX 9312 BRADENTON FL 34206				ADDRESS							
CITY-ST-ZIP TITLE	DIVIDENTON PL 34200	DELETÈ	2 4 C		S1 - 71P	 				Change	Addition	
NAME			32 N						L	— eusuñs	☐ Vanvinii	
STREET ADDRESS					ADDRESS	. 1						
CITY-ST-ZIP					ST-ZIP	'						
TITLE				31.11				Change Addition				
NAME		_	4.2 N						_			
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			44 CITY									
TITLE		DELETE 51				1				Change	Addition	
NAME			52 N	AME								
STREET ADDRESS		•	5.3 S	TREFT	ADDRESS							
CITY-ST-ZIP			54 C	ITY - S	T - 7IP							
TITLE		DELETE	611	TLF					I	Change	Addition	
NAME			62 N	AME								
STREET ADDRESS			635	THEFT	ADDRESS							

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 appeal 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 purporation or the receiver or truspec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED May 02 1997 8:00am Secretary of State

