## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300002884 (3)

DBR PRINTING, INC.

Princ	ipal	Place	of	Business		

2. Principal Place of Business

Mailing Address

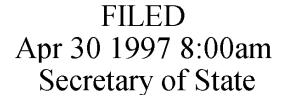
3221 W COLONIAL DR ORLANDO FL 32808

3221 W COLONIAL DR ORLANDO FL 32808-8006

2a. Maiting Address

26

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3a. Date of Last Report

Applied For

Not Applicable



3. Date Incorporated or Qualified

01/11/1993

59-3159801

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		27		J. Gorimon ov entres Boshed	Fee Required			
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,			
24	25	29	30		Yes No			
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	egistered Agent			
KEY	es, donald		81 Name	DETSCHEL RA	SALA			
	WHITEWOOD DR		82 Street Add	ress (P.O. Box Number is Not Accepta				
_DEL'	TONA-FC 32725		7 2	7 HIVE OAK C	ANE			
/			83					
			84 City		85 Zip Code			
44.5				1EDO	FL 32765			
office or r	to the provisions of Sections 607.056 registered againt, or both, in the State	32 and 607.1508, Florida St 9 of Florida: Such change w	atutes, the above-named corp as authorized by the corpora	poration submits this statement for the lition's board of directors. I hereby acce	ourpose of changing its registered			
agent. I a	m familiar who, and accept the offic	ations of, Seption 607.0505	, Florida Statutes.	tion's board of directors. I hereby acce	dan			
SIGNATURE	covere pe	uche		91	<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>			
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	(NOTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	111111	105.110110/07/11/1420 10 07/1	Change Addition			
NAME	KEYES, DONALD		12 NAME					
STREET ADDRESS	1220 WHITEWOOD DR		1.3 STREET ADDRESS					
CITY-ST-ZIP	DELTONA FL 32725		1.4 C/TY-ST-7/P		Ę			
TITLE	SD	DELETE	2 1 1ITLE		Change Addition			
NAME	PETSCHEL, BARBARA		22 NAME					
STREET ADDRESS	857 LIVE OAK LANE		2.3 STREET ADDRESS					
CITY-ST-ZIP	OVIEDO FL 32765		2 4 CHY-ST-ZIP					
TITLE	VD.	☐ DELETÉ	3.1 TITLE		Change Addition			
NAME	MIMS, RON		3.2 NAME					
STREET ADDRESS	6606 BOICE ST		3.9 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32809		3.4. C(1) Y - S1 - Z(P		<u> </u>			
TITLE		L] DELETE	4.1 TITLE		Change Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		Dec etc	4.4 CITY - ST - ZIP					
TITLE		☐ DELFTE	5.1 1⊓1,₽		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		T portré	5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME DIRECT ADDRESS			6.2 NAME					
STREET ADDRESS			6.3 STREET ADORESS					
CITY-ST-ZIP	l by certify that the information supplie	d with this filipp does not a	■ 6.4 C(TY-S1-7/P	d in Section 119 07(3)(i) Florida Statute	os I further certify that the			
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 logal effect as if made under eath; that I am an officer or director of the corporation or 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 changed, or on an attachment with an address.								