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 #	P93000	Ю11	378	(5)

D. M. PURVIS & ASSOCIATES, INC.

Principal Place of Business Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



1147 HILLSBORD MILE PFF12 HILLSBORD BEACH FL 33082		ILLSBORD MILE ORO BEACH FT			3. Date Incorporated or Qualified	3a. Date of Last	Report
			02/11/1993	04/02/1996			
2. Principal Place of Business		iling Address			4. FEI Number		Applied For
21 10538 A10 1	PANOS 0 26				65-0392922		Not Applicable
Suite, Apt #, etc 22	27 27	to Apt. # etc.	SAME		5. Certificate of Status Desired		Additional Required
Orty & State 23 Obt KAY Boxtett	FL 28	y & State			Election Campaign Financing Trust Fund Contribution		May Be
7 p 3 3 4 f 6 Countr	y Super 29		Countr 30	y	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes No	r s. 199.032,
	ss of Current Registere	d Agent		1	10. Name and Address of New Re	gistered Agent	
PURVIS, DEANNA M	N1 44		81	Name	REBURA M. SKU	RAL.	
-1147-HILLOBORO MILE 1			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
HILLSBORO BEACH FL-3	K\$U62		83	//	3558 NIO HARA	raso	
							····
			84	City /	LON Boxed	FL 85 Z	D Code
11. Pursuant to the provisions of Sec	tions 607 0502 and 607.1	508, Florida Stat	tutes, the abov	e-named cor	poration submits this statement for the p	urpose of changing	its registered
office or registered agent, or both agent. I am familiar with, and acc	n, in the State of Florida 3	Such change wa:	s authorized b	y the corpora	ation's board of directors. I hereby accept	t the appointment	as registered
0				-	,	-9-97	
	e of registered agent and title if app		OTE Registered Ag	jent signature requ	vired when reinstating)	DATE	
	FFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFIC		
NAME LEDRYIG DEANNA	i.i	L. DELETE	1.1 TITLE			Chang	e Addition
4447 1111400000		8 An House	Tasa 1.2 Name]			
LILLODODO DEAOL	HAT STEED DUZZA	BeA, Pass	1.3 STREE	T ADDRESS			
DITY - ST - ZIP PM-L-SBUTTO DEACT	/	DELETE	1.4 CITY- 2 1 TITLE	51-21		Chang	e Addition
NAME	ř		2.2 NAME	l		·	_
STREET ADDRESS			1	T ADDRESS	•		
CHY-ST 2DF			2. 4 CITY	ST-ZIP		4	
THILE	, Lat	DELETE	3.1 TITLE			Chang	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY S1-ZIP			34. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	e L Addition
NAME			4 2 NAMI				
SERECT AUDITESS				T ADDRESS			
CHY- ST ZII		Driete	4.4 CITY-	ST-ZIP		Chang	e
TIPLE		DELETE	5.1 TITLE			L., Chang	e [_] Audillor
NAME OTHER ADDRESS OF			5.2 NAME				
STREET ADDRESS			P	T ADDRESS			
City - ST - 7IP Title		DELETE	5.4 CITY- 6.1 TITLE	51-ZIP		Chang	e Addition
		L Dittit	6.2 NAME				- Indiano
NAME STREET ADDRESS				T ADDRESS			
CHY-St-20F			6.4 CITY -	SI-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-9-97

Daytime Phone #

0144178