

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000017102 (3)**

1. Corporation Name

**DE-RE'S INC.**

Principal Place of Business

**120 RIVER CHASE DRIVE  
ORLANDO FL 32807**

Mailing Address

**120 RIVER CHASE DRIVE  
ORLANDO FL 32807-8236**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>185 14 N. Lake Shadow Dr.</b>		26 <b>225 S. Swoope Ave</b>		<b>03/02/1993</b>	<b>04/24/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 <b>Ste. 105</b>		<b>59-3169849</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23 <b>Baton Rouge LA</b>		28 <b>MAITLAND FL.</b>		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 <b>70817</b>		29 <b>32751-5786</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREEZE, JUDAH B  
120 RIVER CHASE DRIVE  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name	<b>JUDAH B. FREEZE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>225 S. Swoope Ave, Ste 105</b>
83	
84 City	<b>MAITLAND</b>
85 Zip Code	<b>FL 32751</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVT</b>	1.1 TITLE	<b>PVT</b>
NAME	<b>FREEZE, JUDAH</b>	1.2 NAME	<b>FREEZE, JUDAH</b>
STREET ADDRESS	<b>120 RIVER CHASE DR</b>	1.3 STREET ADDRESS	<b>18514 N. LAKE SHADOW DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>BATON ROUGE, LA 70817</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**

Date

Da-time Phone #

CR2E034 (9/96)