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 # P93000031676 (8)

DAIA FI	109 9191EM9, INC.									
Principal Piac	ce of Business	Mailing Address				L IRBAIDDA IIO 19100 IIIII ODIII ODIII ODIII	61:10		Bill IIII	
% LORRAINE M. PONGE 4916 32ND AVENUE DRIVE WEST BRADENTON FL 34209			% Lorraine M. Ponge 4916 32ND avenue drive West Bradenton Fl 34209-6312							
						 Date Incorporated or Qualified 04/29/1993 	3a. Date of 04/29/		port	
2. Principal P	Place of Business	2a. Mailing Address	28. Mailing Address			4. FEI Number	Applied For			
21		26				65-0414026	Not Applicable			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 A		
22 City & Stat	lo.	City & State						Fee Re	·	
23	10	<u>├</u> ¬¬ ′	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Cou	untry		This corporation has liability for in				
24	25	29	30	,			Yes N		155.002,	
	9, Name and Address of Cu		15.51			10. Name and Address of New Reg				
PON	IGE, LORRAINE M			81 N	ame					
4916 32ND AVENUE DRIVE WEST				82 S	Street Address (P.O. Box Number is Not Acceptable)			·		
	DENTON FL 34209					003 (1.0. Dex Number 13 Not Neceptado				
				83				-		
				84 C	ity		8	5 Zip C	ode.	
					=		FL °	3 2.0 C		
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida State	utes, the al	bove-na	med corp	oration submits this statement for the prior's board of directors. I hereby accep	urpose of cha	anging its	registered	
agent. I a	am familiar with, and accept the ol	bligations of Section 607.0505, F	lorida Stat	tutes.	Corporan	on a board or directors. Thereby accep		90	egistereu	
SIGNATURE	Sorgine o	· Dage					7			
	Signature, typed or printed name of registered	· ····		d Agent Si	nature require	eo whon reinstating)	DATE	FOTOD		
12.	OFFICERS	AND DIRECTORS DELETE	13. 1.1 TI	1345		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	PONGE, LORRAINE M	L) bittit	1.7 N					Criarige		
STREET ADDRESS	4916 32ND AVENUE DRIVE	WEST		iawie Treet add	oree					
CITY-ST-ZIP	BRADENTON FL 34209		1	11Y-S1-21	1				}	
TITLE	Dig Dairion 12 0 1840	DELETE								
NAME			■ Z.I N	IILE				Change	Addition	
STREET ADDRESS	1		2.1 Ti 2.2 N/					Change	Addition	
CITY-ST-ZIP			2.2 N	AM:E	RESS			Change	Addition	
		_ state	2.2 N/ 2.3 S1				П	Change	Addition	
TITLE		☐ DELETE	2.2 N/ 2.3 S1	AME Treft Add City-\$1-7				Change Change	Addition Addition	
TITLE NAME			2.2 N/ 2.3 S1 2 4 C	ame Treft add City-S1-Z ITLE						
			2.2 N/ 2.3 S1 2 4 C 3 1 TI 3.2 N/	ame Treft add City-S1-Z ITLE	P					
NAME		☐ DELETE	2.2 N/ 2.3 S1 2 4 C 3 1 Ti 3.2 N/ 3.3 S1	AME Treft ADD City-\$1-7 ITLE AME	P					
NAME STREET ADDRESS			2.2 N/ 2.3 S1 2 4 C 3 1 Ti 3.2 N/ 3.3 S1	AME TREET ADD TREET ADD THE TREET ADD TREET ADD	P					
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 N/ 2.3 S1 2 4 C 3 1 Ti 3.2 N/ 3.3 S1 3.4 C	AME DIREFT ADD DITY-S1-Z TILE AME TREET ADD DITY-S1-Z TILE	P			Change	Addition	
NAME STREET ADDRESS CRTY-ST-ZIP TITLE		☐ DELETE	2.2 N/ 2.3 S1 2 4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N	AME DIREFT ADD DITY-S1-Z TILE AME TREET ADD DITY-S1-Z TILE	P RESS P			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 N/ 2.3 S1 2 4 C 3.1 Ti 3.2 N/ 3.3 S1 3.4 C 4.1 Ti 4.2 N 4.3 S1 4.4 Ci	AME OTREFT ADD OTY-ST-Z OTLE AME TREET ADD OTY-ST-Z OTLE VAME TREET ADD OTREFT ADD OTREFT ADD	P RESS			Change Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI	AME OTREFT ADD OTY-ST-Z OTLE AME TREET ADD OTY-ST-Z OTLE NAME TREET ADD OTY-ST-Z OTLE TREET ADD	P RESS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NV	AME DIREFT ADD DITY-S1-Z TILE TREET ADD DITY-S1-Z TILE VAME TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD	P RESS P RESS			Change Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 41 TI 4 2 N 43 S1 44 CI 51 TII 52 NV	AME DIREFT ADD CHY-S1-Z ITLE AME TREET ADD CHY-SY-Z ITLE VAME TREET ADD HY-SY-Z ITLE VAME TREET ADD HY-SY-Z ITLE AME TREET ADD	P RRESS P RESS			Change Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 41 TI 4 2 N 43 S1 44 CI 51 TI 52 NV 53 S1 54 CI	AME DIREFT ADD CITY-S1-Z IFLE AME TREET ADD CITY-S1-ZI IFLE NAME TREET ADD ITY-S1-ZI IFLE AME TREET ADD ITY-S1-ZI IFLE AME TREET ADD	P RRESS P RESS			Change Change Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 41 TI 4 2 N 43 S1 44 CI 51 TII 52 NV 53 S1 54 CI 61 TI	AME DIREFT ADD CITY-S1-Z ITLE AME TREET ADD CITY-ST-ZI ITLE VAME TREET ADD ITY-ST-ZI ITLE AME TREET ADD ITY-ST-ZI ITLE AME TREET ADD	P RRESS P RESS			Change Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		☐ DELETE	22 NV 23 S1 2 4 C 31 TI 32 NV 33 S1 34 C 41 TI 4 2 N 43 S1 44 CI 51 TII 52 NV 53 ST 54 CI 61 TI 62 NV	AME DIREFT ADD CITY-S1-Z ITLE AME TREET ADD CITY-ST-ZI ITLE VAME TREET ADD ITY-ST-ZI ITLE AME TREET ADD ITY-ST-ZI ITLE AME TREET ADD	P RESS P RESS			Change Change Change	Addition Addition	

6.4 CITY-S1-ZIP

14. 1 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.

FILED

Feb 10 1997 8:00am

Secretary of State