FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

P93000040413 (5)

DEDIM	GTON, INC.				
NEDIN	GTON, INC.			1 18 18 18 18 18 18 18 18 18 18 18 18 18	AANN AANN AANN DISH AANN AARN AARN AA
Frincipal Place	of Business	Mailing Address			
2324 SOUTH STUART FL	1 EAST INDIAN ST. 34997	2324 South East in Stuart FL 34997	DIAN ST.		
				3. Date Incorporated or Qualific	· '
			49	06/08/1993	01/18/1995
	ace of Business	2a. Mailing Acdress		4. FEI Number	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·	65-0419183	Not Applicable
Suite Apt. [22]	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	g	City & Stale		6. Election Campaign Financin	9 \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
₁ Ζ ₍ p	Country	Zip	Country		for intangible tax under s 199.032,
24	25 9. Name and Address of Curr	29	[30]	Florida Statutes 10. Name and Address of Ne	Yes No
	y, Name and Address of Curr	ent negistered Agent	81 Name	TU. Name and Address of Ne	w registered Agent
KNVDD	DAVID S.				
	DUTH EAST INDIAN STREET		82 Street Addr	ess (P.O. Box Number is Not Accer	CUCIE BLUD.
	FL 34997		83 23 23	<u> </u>	cycle vevy,
			84 City) . A A	RE Zin Cerla
			" "J70	VART	FL 3499>
11. Pursuant t	to the provisions of Sections 607.05	602 and 607,1508, Florida Statute	es, the above-named corpored by the corporation's boar	ation submits this statement for the	purpose of changing its registered office
familiar wil	in, and accept the obligations of, Sc	ect 1.907.9505, Florida Statutes	DOG NO	S of directors. Thereby adopt the	appointment as registered agent. I am
SIGNATURE .	Well	emy	PKSD JENI	6/27	196
12.	·	pentiand title if applicable (NO AND DIRECTORS	TE. Ricgistered Agent signature required 13.	······································	DATE OFFICERS AND DIRECTORS IN 12
THE	PT	CELETE	1. 1 TITLE	7,DOTTOTO OT PRIOLO TO	Change Addition
NAME	KNAPP, DAVID S		1.2 NAME		
STREET ADDRESS	3728 SE OLD ST LUCIE BI	LVD.	1.3 STREET ADDRESS		
CHTY-ST ZIP	STUART FL 34996		1.4 CITY - ST - ZIP		
TITLE	VS	☐ CELETE	2 1 TITLE		Change Addition
NAME	KNAPP, GABRIELLE		2 2 NAME		
STREET ADDRESS	3728 SE OLD ST LUCIE BI	LVD.	2 3 STREET ADDRESS		
CHTA - ST - SIE	STUART FL 34996		2 4 CITY - ST - ZIP		
TITLE		CELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY - ST - ZIF		CELETE	3 4 CITY - ST - ZIP		FT Chance FT Addition
TIFLE		Fletter	4. 1 TITLE		Change
NAM:			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIF TIBLE		CELETE	44 City - ST - ZiP 5 1 Title	. <u></u>	Change Addition
NAME		<u></u>	5.2 NAME		[0.15.45
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIF			5 4 CITY-ST-ZIP		
TITLE		CELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		- + -
l	1		I		
STREET ADDRESS			6 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 challed, or on an adactivent with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SUMING OFFICER OR DIRECTOR

427/96 4077731342

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