

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

FILED  
Feb 25 1997 8:00am  
Secretary of State

DOCUMENT # P93000056802 (0)

1. Corporation Name  
DABEN, INC.

Principal Place of Business

2401 EDGEWATER DRIVE  
ORLANDO FL 32804  
US

Mailing Address

2401 EDGEWATER DRIVE  
ORLANDO FL 32804-5303  
US

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

04/11/1996

4. FEI Number

59-3192583

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 800 NOTTINGHAM ST

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32803

Country

25 ORANGE

2a. Mailing Address

26 800 NOTTINGHAM ST

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32803

Country

30 ORANGE

9. Name and Address of Current Registered Agent

ROSS, DAVID L  
800 NOTTINGHAM STREET  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 entering into, and accepting obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID L. ROSS, PRES

2/21/97

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
ROSS, DAVID L  
800 NOTTINGHAM ST  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPSD  
BORSELLINO, BEN J  
800 NOTTINGHAM ST  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

DAVID L. ROSS, PRES. 2/21/97 407-898-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)