SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT

~~1994~~ 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081403 (6)

1. Corporation Name
D. A. GRENVILLA, INC.

Mailing Address
6100 - 18TH STREET SOUTH
ST. PETERSBURG FL 33712

Principal Place of Business
6100 - 18TH STREET SOUTH
ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report:

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3245769 [ ] 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ANTOINE DUDLEY
6100 - 18TH STREET SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002184871--7
-05/20/97--01047--012
84 City *****25.00 FL *****25.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T/D	1.1 TITLE	
1.2 NAME	ANTOINE DUDLEY	1.2 NAME	
1.3 STREET ADDRESS	6100 - 18TH STREET SOUTH	1.3 STREET ADDRESS	100002184871--7
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	-05/20/97--01047--013
2.1 TITLE	V/S/D	2.1 TITLE	*****50.00 *****50.00
2.2 NAME	ANTOINE ANTONIA	2.2 NAME	
2.3 STREET ADDRESS	6100 - 18TH STREET SOUTH	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	100002184871--7
3.3 STREET ADDRESS		3.3 STREET ADDRESS	-05/20/97--01047--014
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	****150.00 ****150.00
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dudley C. Antoine. DUDLEY ANTOINE 5-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #