

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

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 AUG 15 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 94 00000 1510**  
 1. Corporation Name  
**DM VEGA INC**

Principal Place of Business **McDONALD'S** Mailing Address **McDONALD'S**  
**1415 E. SR. 436** **1415 E. SR 436**  
**FERN PARK, FL 32730** **FERN PARK, FL 32730**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		1-7-1994	7/3/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-322 16 88	
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GARY H McLAREN</b> <b>1415 E. SR 436</b> <b>FERN PARK, FL 32730</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	300002272183--8 -08/20/97--01054--020		
				B4	City		
				B5	Zip Code		
					FL ***165.00 ***165.00		

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: *Gary H McLaren* **GARY H McLAREN** 7/30/97  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARY H McLAREN</b>			1.2 NAME	<b>GARY H. McLAREN</b>		
STREET ADDRESS	<b>P.O. Box 548</b>			1.3 STREET ADDRESS	<b>10419 DOWN LAKEVIEW Circle</b>		
CITY-ST-ZIP	<b>GOTHA FL 34734-0548</b>			1.4 CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>		
TITLE	<b>SECTY &amp; TREASURER</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>SECTY &amp; TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DELL McLAREN</b>			2.2 NAME	<b>DELL McLAREN</b>		
STREET ADDRESS	<b>P.O. Box 548</b>			2.3 STREET ADDRESS	<b>10419 DOWN LAKEVIEW Circle</b>		
CITY-ST-ZIP	<b>GOTHA FL. 34734-0548</b>			2.4 CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: *Gary H McLaren* **GARY H McLAREN** 7/30/97 407-831-1636  
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

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DM VEGA INC.  
P.O. BOX 548  
GOTHA, FL 34734

Request taken by: tbrumbley  
07-23-1997

The forms you recently requested from this office are:

- (1) 201. Cor Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

P.S. THANK YOU FOR sending these forms. I am  
sorry these form were not sent in on time  
however, I did not received the renewal forms.  
my address had changed & although I have on file  
a change of address and forwarding mail request  
I did not receive the renewal. Per our conversation  
there is a one time waiver for this year only