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 #	P94000045679	(5)
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1. Corporation Name DESERT RAY, INC. Principal Place of Business 2257 RINGLING BLVD SARASOTA FL 34237 Mailing Address 2257 RINGLING BLVD SARASOTA FL 34237-6101					
				3. Date incorporated or Qualified 06/15/1994	3a. Date of Last Report 04/29/1996
2. Principal 21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0505463	Applied For Not Applicable
Suite Ap	n# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St 23	tate	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		or intangible tax under s. 199.032,
<u></u>	9. Name and Address of Cu			10. Name and Address of New I	
22	ard, desiree a 57 Ringling BLVD Vrasota FL 34237		81 Nam 82 Stree 83	e at Address (P.O. Box Number is Not Accept	iable)
			84 City		FL 85 Zip Code
SIGNATURE	Signacy organization professional engisters		NOTE: Registered Agent signat		DATE FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	11 TITLE		Change Addition
NAME	WARD, WILLIAM H		1.2 NAME		•
STREET ADDRES	AREA DINIOUNIO DI VEN		1.3 STREET ADDRES	s	
GITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-\$7-2iP	3	
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	WARD, DESIREE A	•	22 NAME		•
STREET ADDRESS	AATT OILLOUILLO BULG		2.3 STREET ADDRÉS	s I	
CDY-S1-2IF	SARASOTA FL 34237		2. 4 CITY - ST - ZIP		
THEF		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME	(
STREET ADDRESS	s		3 3 STREET ADDRES	s	
CITY+S1 ZIP			3 4. CITY-ST-ZIP		
TITLE	The second secon	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRES	s	
CITY - ST - ZIP			4.4 City-S1-ZiP		
Tifte		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME	{	
STREET ADDRESS	S		5.3 STREET ADDRES	S	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
T)*LE		DELETE	6.1 TITLE		Change Addition
NAME:			6.2 NAME		

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: x

14. I do hereby certify that the information s information indicated on this annual red I am an officer or director of the corpora appears in Block 12 or Block 13 typhing

STREET ADDRESS

CITY-ST-ZP

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

palify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the strue and accurate and that my signature shall have the same legal effect as if made under oath; that bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name address.

FILED

Mar 18 1997 8:00am

Secretary of State