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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000056576 (9)

## FILED May 15 1997 8:00am Secretary of State

DISCOVERY BAY TRADING COMPANY  Principal Place of Business Mailing Address  175 5TH STREET 175 5TH STREET NAPLES FL 33962 NAPLES FL 34113-8553							
					3. Date Incorporated or Qualifie 08/01/1994	d 3s. Date of L	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	00/01/101	Applied For
21	SAME	26 7 AME			65-0517306		Not Applicable
Suite, Apt		Suite, Apt. #, etc			5. Certificate of Status Desired	1 1 '	75 Additional
22	1014	27]					ee Required
City & Sta	100	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
<b>23</b> Zip	Country	28 Zip	Cou	untry	This corporation has liability f		
24	25	29	30	,	Florida Statutes	Yes No	uer s. 155.002,
<b></b>	g, Name and Address of Ci		1221	<u> </u>	10. Name and Address of New		
QUI	INN, JEFFREY C			81 Name			
	AIRPORT RD. NORTH			82 Street Add	Iress (P.O. Box Number is Not Accep	table)	
	PLES FL 33942						
				83			
				84 City		85	Zip Code
				1 )		FL	•
agent 1		obligations of Section 607 050			poration submits this statement for thation's board of directors. I hereby ac ned here in erne See below		an action leads to the second
SIGNATURE	Sig OFFICERS	B AND DIRECTORS	(NOTE: Registere	d Agent signature requi	See below	OATE FICERS AND DIREC	CTORS IN 12
SIGNATURE  12.  TITLE	OFFICERS MAAG	ed ag	(NOTE: Registere 13.	d Agent signature requi	See below ared when reinstating)	DATE	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	OFFICERS MAAG MAY, LOUIS	B AND DIRECTORS	NOTE: Registere  13.  1.1 T	id Agent signature requi	See below ared when reinstating)	OATE FICERS AND DIREC	CTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS MAAG MAY, LOUIS 175 5TH ST	B AND DIRECTORS	TNOTE: Registers  13.  1.1 T  1.2 N  1.3 S	ITLE IAME TREET ADDRESS	See below ared when reinstating)	OATE FICERS AND DIREC	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	OFFICERS  MAAG MAY, LOUIS 175 5TH ST NAPLES FL	B AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	ITLE IAME TREET ADDRESS ITY-ST-ZIP	See below ared when reinstating)	OATE FICERS AND DIREC	CTORS IN 12 ange
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP	MAAG MAY, LOUIS 175 5TH ST NAPLES FL VP	S AND DIRECTORS  DELETE	TNOTE: Registers  13.  1.1 T  1.2 N  1.3 S  1.4 C	A Agent signature regular.  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP  ITLE	See below ared when reinstating)	FICERS AND DIREC	CTORS IN 12 ange Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	MAAG MAY, LOUIS 175 5TH ST NAPLES FL VP FREEMAN, SUSAN 175 5TH ST	S AND DIRECTORS  DELETE	13. E 1.17 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 (	ITLE ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	See below ared when reinstating)	FICERS AND DIREC	CTORS IN 12 ange Addition ange Addition
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4. 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, Truffier 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 change the company with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

13-97 941-775-734

0417645