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 # P9500000799 (3)

DAWNTINA PROPERTIES, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 6090 SEMINOLE BLVD SEMINOLE FL 33772-7335				
			3. Date Incorporated or Qualified 01/03/1995	3a. Pate of Last Report 04/17/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, elc	26 Suite, Apt. #, etc.		65-0551894	Not Applicable
22 22	27 Suite, Apr. #, Bic.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country] Zip	Country	8. This corporation has liability for	
24 25 9. Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
OLIMERI, SALVATORE A		81 Name		
6090 SEMINOLE BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)
SEMINOLE FL 34642		<u></u>		
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	2502 and 607.1508. Florida Statu	iles, the above-named cor	rooration submits this statement for the	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob-	ate of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby acce	pt the appointment as registered
	ingations of, acction 667,6566, f	ionda Statoles.		
SiGNATURE Signor is a typical or painted name of registered	agent and title if applicable (NC	TE: Registered Agent signature requ	uired when reinstating)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME OLIVIERI, SALVATORE A	☐ DELETE	1.1 TOTLE		CERS AND DIRECTORS IN 12 Change Addition
NAME ULIVIERI, SALVATURE A STREET ADDRESS 6090 SEMINOLE BLVD		1.2 NAME 1.3 STREET ADDRESS		
CHY-SI-ZIF SEMINOLE FL 34842		1.4 CITY-ST-ZIP		ļ
Title D	DELETE	2.1 TITLE		
NAME OLIMERI, NANCY C	·	2.2 NAME		
STREET ADDRESS 6090 SEMINOLE BLVD		2.3 STREET ADDRESS		
City-St-ZiP SEMINOLE FL 34842		2. 4 CITY-ST-ZIP		
TILE	☐ DELETE	3.1 TITLE		Change Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-S1-ZIP TRILE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	[Detter	4.7 HTCE		E Shango E Podulion
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - S1 - ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY: \$1-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - 2161		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplies.	thert with this filing does not all a	lify for the exemption state	ad in Section 119 07(3\I). Florida Statute	s I further certify that the

If 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 12 if changes1, or on an attachment with an address.

SIGNATURE ASCULA

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-391-8835

TIME PROPER