SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name P95000003927 (7) DB-JSR ASSOCIATES, INC. Mailing Address Principal Place of Business 8750 MIDNIGHT PASS ROAD 8750 MIDNIGHT PASS ROAD SARASOTA FL 34242 SARASOTA FL 34242 3a. Date of Last Report 3. Date incorporated or Qualified 01/11/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 0547607 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Zip Country Yes No 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name *LOC LUBCE* HARRELL, DONALD **B2** Street Addre 2033 MAIN STREET, SUITE 300 SARABOTA FL 34237 83 85 City *વૈ*ષ્વેર્વે ૧ SARASONA ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered pt the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the p office or register agent. I am famil sions of S gent, or I n and Pressort OXINDIA SIGNATURE (36/8) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ND DIRECTORS 13. 12. Change Addition DELETE President 1 1 1 ITLE TITLE CR2E034 200¢ Variable 1.2 NAME NAME CALLAN 1.3 STREET ADDRESS STREET ADDRESS 34231 かるもん CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6 3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP s voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I rt or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if tion or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

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SIGNATURE AND YPED OR PRINTED

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ER OF DIRECTOR

14. I do hereby certify that the informatio further certify that the information indumade under oath; that I am an officer, that my name appears in Block 12 or fi