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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012492 (1)

DIRT, INC.

Lam an officer or dir appears in Block 1

SIGNATURE:

				ş.				
Principal Place of Business Mailing Address						. I LOGULADDI KAD JOTAL ASINY BONJI ODINY DONIN	BOIDE HOUSE HERDI MIKIN HOUS	1 (11)
2421 S.E. BAHIA WAY STUART FL 34996		2421 S.E. BAHIA WAY STUART FL 34996-1914	* * -					
						3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last R 08/01/1996	leport
2. Principal Pl	2a. Mailing Address	ng Address			4. FEI Number	Ar	oplied For	
Suite, Apt	H. zate	26 Suite Apt # ote	Suite. Apt. #, etc.			59-3303301 Not Applicable \$8.75 Additional		
22	27	701to, 74pt. #1 0to.			5. Certificate of Status Desired		Additional equired	
City & State			City & State			6. Election Campaign Financing		
23		28	eren e			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Cor	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30			Florida Statutes X Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	alstered Agent	
	CARTHY, TERENCE P			81	Name			
	i e. Ocean Blvd.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
2-A				-				
STU	ART FL 34996			83				
				84	City		85 Zip i	Code
11 Duremant t	on the previous of Sections 607.050	2 and 607 1509. Elorida Statu	ton the e	hou	nomed core	ovation a should this statement for the s	FL ⁶⁸ ^{clp}	to un mintenand
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 land accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typico or pented name of registered ago OFFICERS AN		TE Registere 13.	d Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	C IN 10
Title	PT OFFICE NO PSIN	DELETE	1.1 (116		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	POMERANCE, DAVID M	tan Peccia	1.2 N				Li olango	ribbilion
STREET ADORESS	P.O. BOX 952518 NA				ADDRESS			
COY-ST-20P	LAKE MARY FL 32795-2518			1.4 CITY - ST - ZIP				
Trille				TLE			☐ Change	Addition
NAME	LERNER, NORMA 22			AME				
STREET ADDRESS	P.O. BOX 952518 NA			TREET	ADDRESS			
CITY-ST-20°	LAKE MARY FL 32795-2518 2.4			ITY - S	ST-ZIP	•		
TOLE		DELETE	3.1 T	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADORESS			3.3 S	TREET	ADDRESS			
CITY-ST-7IP		T AFLEYS			ST-ZIP		——	
TITLE		L DELETE	4.1 (L. Change	L Addition
MAME			4.21					
STREE! ACORESS					ADDRESS			
CITY-ST-ZIP Tifle		DELETE	5.1 T		ST - ZIP		☐ Change	Addition
NAME		Last to the Ch	5.2 N				ren outride	
STREET ADDRESS					ADDRESS			
CHY-ST-ZiF					T-ZIP			
TOLE		DELETE	6.1 T	*****	1 - 411		☐ Change	Addition
NAME		_	6.2 N					
STREET ADORESS					ADDRESS			
CITY- \$1-2IF					I - ZiP	•		

14. I do hereby certily that the information supplied with this filling 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 diperts 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 17 or Block 13 if changed or en an attachment with an address.