

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000024708 (6)**
1. Corporation Name
D R I CORP.



Principal Place of Business: **8801 BELLEAIR AVENUE FT. PIERCE FL 34951**
Mailing Address: **8801 BELLEAIR AVENUE FT. PIERCE FL 34951**

3. Date Incorporated or Qualified: **03/28/1995**
3a. Date of Last Report
4. FET Number: **65-0567564**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Site, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address: **26** **739 SW Goodrich St**
27 City & State
28 **Pt St Lucie FLA**
29 **34983** **30** **MARTIN**

9. Name and Address of Current Registered Agent
BRISKE, DOUG
8801 BELLEAIR AVENUE
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent
81 Name: **BRISKE Doug**
82 Street Address (P.O. Box Number is Not Acceptable): **739 SW Goodrich St**
83
84 City: **Pt St Lucie** **FL** **85** Zip Code: **34983**

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (Required for all filings) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: DIR BRISKE, Doug	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: BRISKE, DOUG		2.2 NAME: BRISKE, Doug	
3. STREET ADDRESS: 8801 BELLEAIR AVENUE		3.3 STREET ADDRESS: 739 SW Goodrich St	
4. CITY-STATE-ZIP: FT. PIERCE FL 34951		4.4 CITY-STATE-ZIP: Pt St Lucie FL 34983	
5. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		6.2 NAME:	
7. STREET ADDRESS:		7.3 STREET ADDRESS:	
8. CITY-STATE-ZIP:		8.4 CITY-STATE-ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	9.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		10.2 NAME:	
11. STREET ADDRESS:		11.3 STREET ADDRESS:	
12. CITY-STATE-ZIP:		12.4 CITY-STATE-ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		14.2 NAME:	
15. STREET ADDRESS:		15.3 STREET ADDRESS:	
16. CITY-STATE-ZIP:		16.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Douglas J. Briske** **2/7/96** **1078712807**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE FILING

CR2E034 (12/95)