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

FILED Jan 28 1997 8:00am Secretary of State

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DOCUMENT # P95000026204 (4)

DADY AVENUE INC

DANN A	YENUE, INU									
Principal Place	e of Business	Mailing	Address	-			- I TRE LIDES LEVE SEEDS DELLA DELLA VERSIE ERVI		i birik ilkli biril	
17855 US HWY 441 17855 US HWY 441 SUITE 5 SUITE 5 MOUNT DORA FL 32757 MOUNT DORA FL 32757-6724			724							
							3. Date Incorporated or Qualified 03/30/1995		ate of Last Re 06/1996	eport
2. Principal Pl	lace of Business	2a. Mail	ing Address				4. FEI Number		Ap	plied For
21		26					59-3312018	<u></u> -		ot Applicable
Suite, Apt	#, etc.	27 Sud	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 / Fee Re		
City & State	9	City	City & State			Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
Zip	Country	Zip		Country			8. This corporation has liability for i			
24	25	29		30					No	. 199.032,
	9. Name and Address of Cu		l Agent	1001	-		10. Name and Address of New Re			
RAS	SETT, VICKY C			8	11	Name				
	55 US HWY 441				12	Ciront Adde	ess (P.O. Box Number is Not Acceptab			·
SUN						Sireet Addre	ess (P.O. Box Number is Not Acceptab	·(0)		
MOL	INT DORA FL 32757			8	3					
				8	4	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.15	08, Florida Statut	es, the abo	we.	named corp	oration submits this statement for the pon's board of directors. I hereby accep		changing it	s registered
office or re agent. La:	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida, Si Ibligations of, Sec	uch change was a stion 607 0505. Fig	authorized orida Statul	by	the corporati	on's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE	Waster Com	MANTER	XXXXXXX				/.	- 15-	97	
SIGNATORE.	Stona and, lypes or punied name angistens	o agent and title it appl	cable (NOT	t: Registered /	-gan	nt signature require	od when reinstating)	DATE		
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		·
TITLE	D		☐ DELETE	1.1 TITL	E				L Change	Addition
NAME	BASSETT, VICKY C			1.2 NAM	ŧΕ					
STREET ADDRESS	309 EASTRIDGE DR					ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32726		CELETE	1.4 CITY		T-ZIP			00000	A 4.800 a a
TOTLE			DELETE	2.1 TITU					Change	Addition
NAME				2.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-7IP TITLE			DELETE	2. 4 CIT		ST - ZIP		·~	☐ Change	Addition
i			octere	3.1 TITL		1			LI Change	L Audilion
NAME STREET AUDRESS				3 2 NAV		ADDRESS				
ļ										
CITY-ST-ZIP TITLE			DELETE	3.4. CIT		01-215			Change	Addition
NAME				4.2 NAM					مين	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY		1				
TITLE			DELETE	5.1 TITL					Change	Addition
NAME				5.2 NAM					•	
STREET ADDRESS						ADDRESS				
CITY - \$1 ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITL					Change	Addition
NAME				62 NAM	1E					
STREET ADORESS				6.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP				6.4 CITY	/-ST	T - ZIP				

14. 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. I further certify that the information and cated on this arrand 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 hanged, or on an attachment with an address.

SIGNATURE: