SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000048510 (8)

D & R SURF, INC.

FILED Aug 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					I 40011001 110 10111 BILL DOIN DOIN DOIN D	EIN BONN OYBOLSON		F 0011 1801	
1118 HIGHWAY A1A SATELLITE BEACH FL 32937 1118 HIGHWAY A1A SATELLITE BEACH FL 329			37	DO NOT WRITE IN THIS SPACE					
					3. Date incorporated or Qualified	3a. Date o		eport	
Drinning	Diana of Quainage	2a. Mailing Address			06/19/1995 4. FEI Number	05/01,		aliant Fan	
2. Principal.					59-3343950			plied For I Applicable	
	Sulte, Apt. #, etc. Suite, Apt. #, etc.				1	\$		dditional	
22	27				Certificate of Status Desired	`	Fee Re	quired	
_	City & State City & State				6. Election Campaign Financing		\$5.00		
Zip	Country Zip Cou			 -	Trust Fund Contribution L. Added to Fees				
24	25 29 30			Puntry 8. This corporation owes or has paid the current year Intangible Personal Property 1ax due June 30. Yes No					
	g. Name and Address of Curre				10. Name and Address of New R				
SI	MMONS, DEBRA		81	Name					
1118 HIGHWAY A1A			82	Street #	et Address (P.O. Box Number is Not Acceptable)				
SATELLITE BEACH FL 32937			83						
			63	'l _					
			84	City		FL 8	5 Zip C	ode	
11. Pursuan	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	re-named	corporation submits this statement for the	purpose of cha	nging its	s registered	
office or agent. I	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized b rida Statute	y the corp s.	oration's board of directors. I hereby acce	ept the appoint	ment as i	registered	
SIGNATURE				-733 -7-3					
Signature, typed or profited name of registered agent and life if applicable (NOTE				ent signature i	required when reinstating)	DATE	250700	0.11.40	
12.	OI FICENS AI								
7016	NV		13.		ADDITIONS/CHANGES TO OFFI				
TITLE	OV SIMMONS, STEVEN R	DELETE	1,17011.8		President		Change	Addition	
NAME	SIMMONS, STEVEN R		1.1 717LE 1.2 NAME	1 ADDRESS					
name Street address	SIMMONS, STEVEN R		1.1 717LE 1.2 NAME						
NAME	SIMMONS, STEVEN R 229 NE SECOND TERRACE		1.1 TITLE 1.2 NAME 1.3 STREE			Ø			
NAME STREET ADDRESS CITY-ST-ZIP	SIMMONS, STEVEN R 229 NE SECOND TERRACE SATELLITE BEACH FL DP CARROLL, RICHARD P	DELFIE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-1			Ø	Change	Addition	
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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 indicated on this argued 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 convoration 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 3 if changed, or on an attachment with an address

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