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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053698 (3)

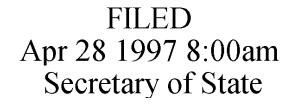
DEMOLITION & RENOVATION INVESTMENTS INC.

Principal Place of Business

Mailing Address

4575 LOUVENIA CT. TALLAHASSEE FL 32311 4575 LOUVENIA CT.

TALLAHASSEE FL 32311-8788





					3. Date Incorporated or 07/12/1995	3a, Date of Last Report 12/10/1996				
2. Principal Place of Business		2a. Mailing Address			4, FEI Number	Y1610.	5475	11	Applied For	
21		26				APPLIED FOR				Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, e	lc.			5, Certificate of Status D	esired			. 75 Additional ee Required
City & Stat	le	City & State				6. Election Campaign Fi Trust Fund Contribution			-, -	.00 May Be
Zip 24	P Country 7(ρ 25 29			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	g, Name and Address of Curre	nt Registered Agent		T		10. Name and Address	of New Re	gistered A	gent	
DOS	WELL, NICOLE M			81	Name					
	BOX 5217			82	Strool Addre	ess (P.O. Box Number is No	t Acceptal	20)		
	MICELLO FL 32344		62 Stre		Street Addre	ess (F.O. Box Number is No	Acceptat	ле)		
mon	MODELO 7 L DEOTT			83						
									1==1	30.0.0
				84	City			FL	85	Zip Code
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obtig	gations of, Section 607.05	505, Florida Sta	tutes	int signature require			DATE	m iji i je	
12.		ND DIRECTORS	13.	io rige	int signature regoine	ADDITIONS/CHANGES	TO OFFI		DIRE	CTORS IN 12
TITLE	VP	DELL		ITI E		ADDITIONO/OFFANOLO	100111		Ch	
NAME	ROUTT, CAROLYNE J		1.2 N					•		
STREET ADDRESS	4575 LOUVINIA CT				ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32311		1	ITY-S	1					
TITLE	P	☐ DFLE		-	!-zir				Ch	ange Addi
NAME	DOSWELL, NICOLE M		2.2 N					,		
	RT. 5 BOX 5217				ADDRESS					
CITY-ST-ZIP	MONTICELLO FL 32344				ST - ZIP					
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NAME			3.2 N	AME						
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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 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 altachment with an address.

SIGNATURE: