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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000067510 (4)

D & B SUBS ETC., INC.

SIGNATURE: 1

Principal Place of Business Mailing Address					I farkeni (id inini riki bakit daliti bu	III BBLEA BEIGE HABBT BITH	I EERST RAIT TAAT
6380 INDIANTOWN RD.		6380 INDIANTOWN RD.			1		
Suite 15 Jupiter FL 33458		SUITE 15 Jupiter FL 33458-7979	SUITE 15				
S JUFFIER PL 33430		SUFFICE FL SONGOTOTO	SUFFICE FL SONSOTTOTO		3. Date Incorporated or Qualified	3a. Date of La	st Report
					08/30/1995	05/01/199	
L '	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0603010		Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.	-		5. Certificate of Status Desired	7	5 Additional
22 City & State		City & State	City & State		6 Finalis Commiss Finalis		e Required
23		⊢¬ ′	26		6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip			Countr	y	8. This corporation has liability for		
24	25	29			Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent	
MACSUGA, DONNA			81	Name			
	1 SE ROYAL ST		82	Street Add	ress (P.O. Box Number is Not Accepta	able)	
HO	BE SOUND FL 33455		83				
			"				
			84	City		FL 85	Zip Code
11. Pursuani	to the provisions of Sections 607 05	02 and 607.1508, Florida Statu	ites, the abov	re-named cor	poration submits this statement for the	purpose of changi	ng its registered
office or i	registered agent, or both, in the Statem familiar with and accept the oblid	e of Florida, Such change was gations of, Section 607,0505, F	authorized b	y the corpora	tion's board of directors. I hereby acce	ept the appointmen	t as registered
SIGNATURE	The state of the s						
SIGNATURE	Signature, hyped or production e of registered a		OTE: Registered Ag	ent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
THE	P NAC CUCA DONNA	☐ DELETE	1.1 TITLE	\ \		L Chai	nge Addition
NAME	MAC SUGA, DONNA 8251 SE ROYAL ST.		1.2 NAME	į			
STREET ADORESS	HOBE SOUND FL 33455			T ADDRESS			
CITY-ST-ZIP	V	DELETE	1.4 CiTY- 2.1 TiTLE	51 - ZIP		Cha	nge Addition
NAME	HAA AHAL MERRY		2.2 NAME				
STREET ADDRESS	AATA OF BOVAL OF		4	T ADDRESS		•	
CITY - S1 - ZIP	LIOSE COUNTY EL AGASE		2. 4 CITY				
TITLE		DELETE	3.1 TITLE			Cha	nge 🔲 Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			L∐ Cha	nge Addition
NAME.			4. 2 NAMI	ļ			
STREET ADDRESS				TADORESS			
CITY ST-ZIP		DELETE	4.4 CITY			Cha	nge Addition
TITLE		ר"ו הנונונ	5.1 TITLE	ļ		L Cria	AUGRIDA LJ AUGRIDA
NAME STREET ADDRESS			5.2 NAME 5.3 STDGG	T ADDRESS			
			5.4 CITY -				
CITY+ST-ZIP TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Cha	nge
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 DITY				

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 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 attachment with an address.

FILED

Jan 28 1997 8:00am

Secretary of State