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

DOCUMENT # **P95000079862 (5)**

DUBI ENTERPRISES, INC.

NAME

STREET ADDRESS CITY-ST-ZIP

Mailing Address Principal Place of Business 6316 C SUGAR BUSH LANE 6316 C SLIGAR BUSH LANE FORT MYERS FL 33908-7112 FORT MYERS FL 33928 3a. Date of Last Report 3. Date Incorporated or Qualified 10/17/1995 06/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0623452 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No $Z_{\rm IP}$ Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRAMER, DAVID 6316 C SUGAR BUSH LANE Street Address (P.O. Box Number is Not Acceptable) 82 FORT MYERS FL 33928 83 Zip Code 84 City 85 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 (NOTF Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition **PSTD** DELETE ☐ Change TITLE 1.1 TITLE KRAMER, DAVID 1.2 NAME NAME 6316 C SUGAR BUSH LANE 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHTY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ Addition DELETE Change 61 TITLE TITLE

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. " la 1 × 2/10/93

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

(96/6)

FILED

Feb 13 1997 8:00am

Secretary of State