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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 03 1997 8:00am Secretary of State

DOCUME	ENT#	Pason	2020800	(3)

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Ap 59-3353663 No Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation has liability for intangible tax under s. Florida Statutes Xives No 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) B4 Street					Mailing Address 1455 SEMNORAN BLVD. SUITE 137 CASSELBERRY FL 32707-6514	DOKS, INC. usmess Mail LVD. 145: SUI	('S BOOKS, I ace of Business DRAN BLYD.	
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Second Control Processed Agent 10. Name and Address of New Registered Agent 1751 CHEYENNE TRAIL MAITLAND FL 32751 61				Country	ı	Country	ļ	Ziρ
LEEDY, ROBERT 1751 CHEYENNE TRAIL MAITLAND FL 32751 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes. the above named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I all number with, and accept the displacinors of Sections 607.0505, Florida Statutes. SIGNATURE 12. OFFICE RS AND DIFFE TOTAL 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 14. AUTHORISES DELETE 1. I THE 1. I STATE 1. I STA						and the control of th		
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11. Pursuant to the provisions of Sections 607 (6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Horiza, Succion 607 (6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Horiza, Succion 607 (6502), Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. For institute with, and accept the obligations of Section 607 (6502), Florida Statutes, corporation's board of directors. I hereby accept the appointment as agent. For institute with, and accept the obligations of Section 607 (6502), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its first and accept the appointment as agent. For institutes, and accept the appointment as agent. For institutes. 12.		ox Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)	62 Street Ad				
11. Pursuant to the provisions of Sections 807 05/02 and 607 15/05. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registrated agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as signature and the statement of the purpose of changing its office or signature will, and accept the originature of registrate will, and accept the originature required when reinstating agont accept the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued and continued the appointment as signature required when reinstating and continued and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued and continued the appointment as signature required when reinstating and continued and continued and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and continued the appointment as signature required when reinstating and contin				83		16 02/01	MILMID I E GE	(AN-A)
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I. 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; the Lam 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 phany, d, or on an attachment with an address.

SIGNATURE

ME OF SIGNING OFFICER OF DIRECTOR

1-27-97

407-677-4680