

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094137 (3)**

1. Corporation Name
DARITOWNE, INC.

Principal Place of Business
**1 SAN JOSE PLACE SUITE 1
JACKSONVILLE FL 32257**

Mailing Address
**1 SAN JOSE PLACE SUITE 1
JACKSONVILLE FL 32257-7579**

3. Date Incorporated or Qualified 12/08/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3359580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2960 Hartley Road West Suite, Apt. #, etc.	2a. Mailing Address 26 2960 Hartley Road West Suite, Apt. #, etc.
22 City & State 23 Jax FL	27 City & State 28 Jax FL
24 Zip 32257	29 Zip 32257
25 Country	30 Country

9. Name and Address of Current Registered Agent SLOTT, ARNOLD H 334 E. DUVAL ST. JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCK, WILLIAM A 1 SAN JOSE PLACE SUITE 1 JACKSONVILLE FL 32257 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2960 Hartley Rd. W. Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BLOCK, ANDREW M 1 SAN JOSE PLACE SUITE 1 JACKSONVILLE FL 32257 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2960 Hartley Rd. W. Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> D Max Block 2960 Hartley Rd. W. Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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.

SIGNATURE:

William A. Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97
Date

904 268 8999
Daytime Phone #

0041141

CR2E034 (9/96)