

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010078 (9)**

1. Corporation Name  
**DFN INCORPORATED**



Principal Place of Business <b>1008 AIRPORT ROAD SUITE F DESTIN FL 32541</b>	Mailing Address <b>1008 AIRPORT ROAD SUITE F DESTIN FL 32541-2622</b>
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3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3360432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2 INDUSTRIAL PARK LANE C-4</b>	2a. Mailing Address <b>26 2 INDUSTRIAL PARK LANE C-4</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>FULMER, TIM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FULMER, TIM</b>		1.2 NAME	
STREET ADDRESS <b>1008 AIRPORT ROAD, SUITE F</b>		1.3 STREET ADDRESS <b>2 INDUSTRIAL PARK LANE C-4</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>NORRIS, MARK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NORRIS, MARK</b>		2.2 NAME	
STREET ADDRESS <b>1008 AIRPORT ROAD, SUITE F</b>		2.3 STREET ADDRESS <b>2 INDUSTRIAL PARK LANE C-4</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		2.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DURST, JUSTIN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DURST, JUSTIN</b>		3.2 NAME	
STREET ADDRESS <b>1008 AIRPORT ROAD, SUITE F</b>		3.3 STREET ADDRESS <b>2 INDUSTRIAL PARK LANE C-4</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>FULMER, MILTON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FULMER, MILTON</b>		4.2 NAME	
STREET ADDRESS <b>1008 AIRPORT ROAD, SUITE F</b>		4.3 STREET ADDRESS <b>2 INDUSTRIAL PARK LANE C-4</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>EAVES, DANIEL</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>2 INDUSTRIAL PARK LANE C-4</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>DESTIN, FL 32541</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>000002177650</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>-05/14/97--01003--015</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>***165.00</b>	

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 checked, or on an addition with an address.

SIGNATURE:  **Justin R. Durst** 4/30/97 904-837-7666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)