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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037930 (0)

DAMA PROPERTIES INC.

	HOI EITHEO, INO				
Principal Plac	e of Business	Mailing Address			18814 18100 18181 188 1 1 89 1
1005 FAGLE	LAKE LOOP RD	POST OFFICE BOX 7			
WINTER HAVE		EAGLE LAKE FL 33839		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
				05/01/1996	•
	Place of Business	2a. Mailing Address	• •	4. FEI Number	Applied For
21	0	26 P.O.B Dx 12	22.	59-3382065	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Winter Haven		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the curr	
24	25		Polk		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					Agent
WRIGHT, CAROLYN J				Pavid Morgan Wright	· III
4011 OLD 9 FT RD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	- 43: 3
P O BO X 7				095 South Lake Counse	Dr. NM
EAG	GLE LAKE FL 33839		63		
,			84 City	iter Haven FL	85 Zip Code
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 Signature transfer provide some of near the provide some of near the tappes able (NOII: Angistered Agent signature recipied when reinstalling) DATE ON OII: Angistered Agent signature recipied when reinstalling)					
12.	OFFICERS A	AND DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE		, VP, S, T	Change Addition
NAME	WRIGHT, DAVID M JR	•	1.2 NAME	M Walkt TIT	
STREET ADDRESS	4011 OLD 9 FT RD, P O B(OX 7	13 STREET ADDRESS 2	avid M. Wright, III 095 South Lakelannon Dr	MW
CITY-ST-ZIP	EAGLE LAKE FL		14 CITY-ST-ZIP	Taber Haven, FL 33881	, 1450
TITLE	VPST	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, CAROLYN	•	2.2 NAME		
STREET ADDRESS	4011 OLD 9 FT RD, P O B	DX 7	2.3 STREFT ADDRESS		
CITY-ST-ZIP	EAGLE LAKE FL		2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME:	la .		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1					

14. Thereby 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.

David M. Wright III 5/4/98

FILED

May 21 1998 8:00am

Secretary of State