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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

DOCUMENT # P96000045995 (3)

1. Corporation Name

DUPREE'S DIAMOND SAUCES, INC.



Principal Place of Business

734 LEGION DRIVE, SUITE 67
DESTIN FL 32541

Mailing Address

C/O MICHAEL JOHNSON
POST OFFICE BOX 5662
DESTIN FL 32540-5662

2. Principal Place of Business

21 734 Legion Drive
Suite, Apt. #, etc.
22 67

City & State

23 Destin FL

24 32541

Country

25 USA

2a. Mailing Address

26 P.O. Box 5662
Suite, Apt. #, etc.

27

City & State

28 Destin FL

Zip

29 32540

Country

30 USA

3. Date Incorporated or Qualified

05/30/1996

3a. Date of Last Report

This is 1st Report

4. FEI Number

59-3382180

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Michael Johnson
82 Street Address (P.O. Box Number is Not Acceptable) 734 Legion Dr # 67
83
84 City Destin FL 85 Zip Code 32541

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JOHNSON, MICHAEL A
STREET ADDRESS 734 LEGION DRIVE, SUITE 67
CITY-ST-ZIP DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Signature

4/22/97 944-837-1020

CR2E034 (9/96)