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Mar 28 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 # P96000046481 (3)

1. Corporation Name  
DIGNITY II CORPORATION

Principal Place of Business

1001 W. EUCLID AVE.  
DELAND FL

Mailing Address

1001 W. EUCLID AVE.  
DELAND FL 32720-6626



2. Principal Place of Business

21 326 N. Marydell Ave.

Suite, Apt. #, etc.

22 City & State  
DeLand, FL 32720

23 Zip Country  
24 25 Volusia

2a. Mailing Address

26 1536 W. New York Ave.

Suite, Apt. #, etc.

27 City & State  
DeLand, FL 32720

28 Zip Country  
29 30 Volusia

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

4. FEI Number

59-3380166

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

~~CROTEAU, CECIL~~  
~~1001 W. EUCLID AVE.~~  
DELAND FL

10. Name and Address of New Registered Agent

81 Name RLee Kline

82 Street Address (P.O. Box Number is Not Acceptable)  
1515 W. Winnemissett Ave.

83

84 City DeLand, FL 85 Zip Code 32720

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 RLee Kline, Registered Agent

*RLee Kline*

3/13/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PROCTOR, JEFFREY D  
STREET ADDRESS 1515 W. WINNEMISSETT  
CITY - ST - ZIP DELAND FL 32720

TITLE ST  
NAME CROTEAU, CECIL  
STREET ADDRESS 1515 W. WINNEMISSETT  
CITY - ST - ZIP DELAND FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Administrator  
1.2 NAME RLee Kline  
1.3 STREET ADDRESS 1515 W. Winnemissett Ave.  
1.4 CITY - ST - ZIP DeLand, FL 32720

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: *RLee Kline* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97 (904) 734-5326

Date

Daytime Phone #

0065207

CR2E034 (9/96)