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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047000 (0)

DBN & ASSOCIATES, INC.

Principal	Place	of	Business
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117 E. BRANDON BLVD. SUITE 2 BRANDON FL 33511

Mailing Address

117 E. BRANDON BLVD.

SUITE 2 BRANDON FL 33511-5218

FILED Jun 19 1997 8:00am Secretary of State

8-13-68/-

21 //6 Suite, Apt.	1 To 200 6 5 + NB Country	2a. Mailing Address RD36 // 6 LIFHIA Suite, Apl. #, etc. 27 S'UIT'S City & State 28 Zip 29 SAM		Certificate of Status Desired Centrificate of Status Desired Centrificate of Status Desired Trust Fund Contribution Trust Fund Contribution This corporation has liability for	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
PHI	 Name and Address of Curren PPS, DONALD H JR. 	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
117 SUI BR/	E. BRANDON BLVD. TE 2 INDON FL 33511		83 5 6 84 City	dress (P.O. Box Number is Not Acceptal LITHIA PINECAGS	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligations of the obligations of the state of t	of Florida. Such change was ations of, Section 607,0505, Fl <i>N.A. Pen</i>	authorized by the corpora orida Statutes.	rporation submits this statement for the patient's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONAL TO COME	Change Addition
NAME	PHIPPS, DONALD H JR.		1.2 NAME		
STREET ADDRESS	502 OAKHURST ST.		1.3 STREET ADDRESS		[]
CiTY-ST-ZiP	BRANDON FL 33511		1.4 CHY-ST-ZIP		
TITLE	DIVITORITE COOTT	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		ł
TITLE		DELETE	31 THILE		Change Addition
NAME			32 NAME	k	La statige La station
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TILE		Change Addition
NAME		- Dear t	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - 7IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DELETÉ	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- S1-2IP		
	ov certify that the information supplied	I with this filing does not quali		ed in Section 119.07(3)(i), Florida Statute	s. 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.