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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071885 (3)

D.J. INVESTMENT MARKETING, INC.

Principal Place of Business Mailing Address 4828 FLAMINGO DRIVE 4828 FLAMINGO DRIVE TAMPA FL 33611 TAMPA FL 33611 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3400781 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 MORRIS, DONALD J Name 4828 FLAMINGO DRIVE R2 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TILLE TITLE MORRIS, DONALD J 1.2 NAME NAME **4828 FLAMINGO DRIVE** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition **DOLCATER, JOHN HENRY** NAME 22 NAME 5603 PINE BAY DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33625 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP ☐ DELFTE Change \_\_\_ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 THLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+S1-202

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 logal 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. Presille 813-829-8409

TITLE

NAME

STREET ADDRESS

DEMMARIER

DELETE

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

FILED May 13 1997 8:00am Secretary of State

Change

Addition