## 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 # P96000076762 (9)

DEREK DAWSON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1135 8. PASADENA AVE. STE LOS

1135 S. PASADENA AVE. STE 108

## FILED Apr 30 1997 8:00am Secretary of State



ST PETERSBUI	RG FL 33706	ST PETERSBURG FI	ST PETERSBURG FL 33707-2887							
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1996			ort		
2. Principal P	Place of Business	2a. Mailing Addres	28. Mailing Address			4. FEI Number			Appli	ed For
21		26				59-3411201	Not Applicable			
Suite, Apt.	#, etc.	<u></u> ⊢ ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	10	City & State				6. Election Campaign Financing			00 ма	·· · · · · · · · · · · · · · · · · · ·
23		28				Trust Fund Contribution			ded to F	
Zip	Country	Zip	Zip Cou			8. This corporation has liability for i	intangible			
24	25	29	30							
	9. Name and Address of Curr	rent Registered Agent		81	1	10. Name and Address of New Re	gistered /	gent		
DAV	VSON, DEREK G	100		81	Name					
113	S. PASADENA AVE. STE	108	5			reet Address (P.O. Box Number is Not Acceptable)				
SIF	PETERSBURG FL 33708			83						··-
				03						
				84	City		FL	85	Zip Co	je
11. Pursuant	to the provisions of Sections 607.0	1502 and 607 1508 Florida	Statutes the	1 abov	e-named co	propration submits this statement for the p		changi	na ite r	anietorod
office or i	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change	was authorize	ed b	y the corpo	ration's board of directors. I hereby accep	ot the app	ointmen	t as reg	jistered
SIGNATURE	,									
	Signature typed or printed name of registered				innt signature rei	quired when reinstating)	DA1E			
12.	OFFICERS A	AND DIRECTORS	18			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DAWSON, DEREK G	f"") DETE		TITLE				Chai	nge L	Addition
NAME	1135 S. PASADENA AVE. S	IA 0		NAME						
STREET ADDRESS	ST PETERSBURG FL 33706	316 108			1 ADDRESS					
CITY-ST-ZIP TITLE	OT LEIGHODONG LE GOTOG	☐ DELE			S1-ZIP			Chai	nne T	Addition
NAME				NAME				, , , , , , , , , , , , , , , , , , ,	.a. r	
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CITY-ST-ZIP					SI-ZIP					
TITLE		☐ DELF		TITLE				Cha	nge [	Addition
NAME			3.21	NAME						
STREET ADDRESS			3.3 \$	STREE	T ADDRESS					
CITY-ST-ZIP			3.4.	CITY -	\$1-7IP					
TITLE		☐ DELE	TE 4.1	TOLE	1			☐ Cha	nge [	Addition
NAME			4. 2	NAME	.					
STREET ADDRESS	·		4.3 9	STREE	1 ADDRESS					
CITY-ST-ZIP		·			ST-ZIP					_
TITLE	<u> </u>	☐ DELE	I	ME				L Chai	nge [	Addition
NAME				NAMÉ						
STREET ADDRESS					T ADDRESS					
CITY-SŤ-ŽIP		——————————————————————————————————————			S1-7IP			<u> </u>	,	<b></b>
TITLE		DECE						Chai	nge L	Addition
NAME				NAME						
STREET ADDRESS					1 ADDRESS					
PITY OF TID	1		B ~ 1/	21717	מוכ זם					

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.