

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000083334 (8)**

1. Corporation Name

**DURANGO OF HILLSBOROUGH AVENUE, INC.**



Principal Place of Business <b>2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 34622</b>	Mailing Address <b>2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 34622-3373</b>
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3. Date Incorporated or Qualified <b>10/04/1996</b>	3a. Date of Last Report
4. FEI Number <b>50-3409246</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**PARRY, EDWARD H  
2325 ULMERTON ROAD, SUITE 20  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D/C
1.2 NAME	Bullard, Fred B., Jr
1.3 STREET ADDRESS	2325 Ulmerton Rd #20
1.4 CITY-ST-ZIP	Clearwater, FL 34622
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D/S
2.2 NAME	Bullard, Karol K.
2.3 STREET ADDRESS	2325 Ulmerton Rd #20
2.4 CITY-ST-ZIP	Clearwater, FL 34622
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	AS
3.2 NAME	Derry, Rebecca
3.3 STREET ADDRESS	2325 Ulmerton Rd #20
3.4 CITY-ST-ZIP	Clearwater, FL 34622
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	DVP/T
4.2 NAME	Parry, Edward H.
4.3 STREET ADDRESS	2325 Ulmerton Rd #20
4.4 CITY-ST-ZIP	Clearwater, FL 34622
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D/P
5.2 NAME	Walker, Mitch
5.3 STREET ADDRESS	2325 Ulmerton Rd #20
5.4 CITY-ST-ZIP	Clearwater, FL 34622
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)