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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 21 1997 8:00am;

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

P96000085534 (1) **DOCUMENT #**

DA KINE, INC.

Principal Place of Business Mailing Address 110 NO 11TH STREET 110 NO 11TH STREET TAMPA FL 33602-4202 **TAMPA FL 33602** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 209 S. Suite, Apt. #, etc. 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LUBRANO, ANDREW J 101 EAST KENNEDY BLVD. STE 3700 82 **BARNETT PLAZA** 83 **TAMPA FL 33602** 84 11. Pursuant to the proving is 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. I am familiar with add accept the appointment as registered agent. I am familiar with add accept the diligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) d tille il applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7-P 1.4 CHTY-ST-ZIP DELETE Change Addition HILLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-7P 2.4 CITY - ST - ZIP DELETE Addition HITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change MILE 4.1 THILE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 70F DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition TIFLE 61 TIRE 6.2 NAME NAME STREET ADORESS 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. Nurther 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flo chment with an address.