

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT -9 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086106 (7)

1. Corporation Name
DANE TRAWLER CO., INC



Principal Place of Business: **1675 CLINCH DRIVE FERNANDINA BEACH FL 32034**
Mailing Address: **1675 CLINCH DRIVE FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	10/18/1996	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-341496	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
POULSEN, SOREN M 1675 CLINCH DRIVE FERNANDINA BEACH FL 32034				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POULSEN, SOREN M 1675 CLINCH DRIVE FERNANDINA BEACH FL 32034		81 Name	Henry T. Poulsen
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	1675 Clinch Dr.
		84 City	Fernandina Bch. FL 85 Zip Code 32034

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: *Henry T. Poulsen* (NOT Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	POULSEN, HENRY T	1.2 NAME	
STREET ADDRESS	1675 CLINCH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	600002321186-02
NAME	POULSEN, SOREN M	2.2 NAME	-10/15/97--01090--016
STREET ADDRESS	1676 CLINCH DRIVE	2.3 STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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: *Henry T. Poulsen* *Henry T. Poulsen* 9/15-97 204-261-9612

CR2E034 (4/97)