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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

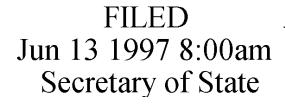
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098225 (1)

DREAMCHASERS, INC.

Princip	pal Piac	e of B	usiness
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Mailing Address





2568 LINCOLN AVENUE COCONUT GROVE FL 33133		2588 LINCOLN AVENUE COCONUT GROVE FL 33133-3843							
						3. Date Incorporated or Qualified 12/02/1996	3a. Da	le of Last Ro	port
2. Principal Place of Business		2a. Mailing Adda	2a. Mailing Address		4, FEI Number		Ap	plied For	
21		26						t Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Dosired		\$8.75 Additional Fee Required		
City & State		City & State			· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip . 24	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9, Name and Address of Curr	ent Registered Agent		04	Manage	10. Name and Address of New Re	gistered A	gent	
	JENNIFER J			81	Name				
2568 LINCOLN AVENUE COCONUT GROVE FL 33133					Street Add	dress (P.O. Rox Number is Not Acceptable)			
				83					
				84	City		FL	85 Zip 0	Code
11. Pursuant to	o the provisions of Sections 107.0 egistered angult, or Jun, in the Sta	502 and 607.1508, Floridate of Floridate Such char	da Statutes, the	above	e-named corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of	changing its	s registered registered
	n favilitar vah, an fall ept rie obl	igations of, Section 607.	.0505, Florida S				-11		
SIGNATURE 3		ISNN/PER I agont and title if applicable.	K-LCA (NOTE: Regis	lered And	nt sonature requi	red when reinstating)	DATE	97	
12.		ND DIRECTORS		3.	9	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	PRESIDENT	DI DI	ELETE 1.	.1 TITLE				Change	Addition
NAME S	GRNDIBER 2. KI	UN DE	1.	.2 NAME					
STREET ADDRESS	COCONUS GROVE	SHOO.	1.	3 STREET	ADDRESS				
CITY-ST-ZIP	COCOD UT GROVE	5, FC 3313		4 CITY - S	T-ZIP			1.05	Addition
TITLE	•	, LJ 06	1	1 TITLE	- 1			Change	☐ Addition
NAME OTREET ARRESTS				2 NAME.	LDDDGGG				
STREET ADDRESS CITY-ST-ZIP				.3 STREET . 4 CITY - 9	ADDRESS				
TITLE		□ DE		.4 CIII - 2 .1 TITLE	51.20			Change	☐ Addition
NAME			3.	.2 NAME,				_	
STREET ADDRESS			3.	3 STREET	ADDRESS				
CITY-ST-ZIP				.4. CITY - 5	S1-ZIP				
TITLE		□ DE	ELETE 4	1 TITLE				Change	☐ Addition
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				.4 CITY-S .1 TITLE	T-71P			Change	Addition
NAME		ر ۱۰۱		.2 NAME					☐ Vogition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				.4 CITY - S					
TITLE		D8		1 TITLE				Change	Addition
NAME			6.	2 NAME					
STREET ADORESS			6	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S					
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pages not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the innual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applies.

5/1/97