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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000100327 (1)

FILED Apr 03 1997 8:00am Secretary of State

DALL	as investi	MENT GROUP, INC))								
Principal	Place of Busine	3\$S	Mailing Addre	ss				- 1 LUMARUM ING LUMAN MILAT WILLT WORLD WHEET	HIN ONLY B	THE INSTRUCTOR	1031 ID11
5125 WILLOW LEAF DRIVE SARASOTA FL 34241				5125 WILLOW LEAF DRIVE SARASOTA FL 34241-8232							
								3. Date Incorporated or Qualified 12/11/1996	38. Da	ate of Last P	Report
2. Principal Place of Business 21 Suite, Apt. #, etc. 22			2a. Mailing Address				·····	4. FEI Number		Ar	oplied For
			26					650716869	N/	ot Applicable	
			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State			City & Stale					6. Election Campaign Financing Trust Fund Contribution			
$Z_{i}\rho$		Country	Zip	Zip Country				8. This corporation has liability for			199.032
24		25	29		10					No	
	g, Nan	e and Address of Curre	nt Registered Agen	t				10. Name and Address of New Re	gistered.	Agent	
Burnham, Thomasm N						31	Name				
5125 WILLOW LEAF DRIVE SARASOTA FL 34241					8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)			
_					[8	33					
					i	4	City		FL	. 1 1 `	Code
11. Purs off or ager		visions of Sections 607.050 agent, or both, in the State with, and accept the oblig	02 and 607,1508, Flo e of Florida. Such ch gations of, Section 60	orida Statutes ange was au 07.0505, Flori	i, the abo thorized da Statut	by tes	-named corpo the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of of the app	changing i ointment as	ts registered registered
SIGNATO		ed or printed name of registered ag	ont and title if applicable	(NOTE:	Registered A	Agen	nt signature require	d when reinstating)	DATE		
12.		OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TIT.E	D		L	DELETE	1.1 TITLI					Change	Addition
NAME		M, THOMPSON N			12 NAM	-					
SCREET ADD		LLOW LEAF DR.			13 STRE	EET A	ADDRESS				
CITY - ST - ZI	SARASC	TA FL 34241		OFI FT	1.4 CITY		- 21P	· · · · · · · · · · · · · · · · · · ·			1 1
THE			LJ	DELETE	2 1 TITU					Change	Addition
NAME					2.2 NAM						
STREET ADD	j.				2.3 STRE						
DITY ST 76	·			DELETE	2. 4 City 3.1 Titu		1-219			Change	Addition
NAME			ب		3.2 NAM	_	}				***************************************
STREET ADD	RESS.				1		ADDRESS				
CITY: \$1 - Za					3.4. CIT		' I				
THE				DELETE	4.1 TITL					Change	Addition
NAME					4 2 NAM	ME	İ				
STREET ADD	PESS				4.3 STRE	EET A	ADDRESS				
CITY - \$1 - 20	p.				4.4 CITY	/- ST	- ZIP				
TITLE				DELETE	5.1 TITU	E				Change	Addition Addition
NAME					5.2 NAM	ΛE					
STREET ADD	RESS				5.3 STR	EET A	adoress				
C-TY - S1 - Z1	p				5.4 City	/-ST	- ZIP			-	
TITLE		. —	П	DELETE	6.1 TITL	_	I			Change	Addition
NAME	i i				0.1111	.E	1				Figure 1
Hardet					6.2 NAM						Land Fidulion
STREET ADO	RESS		\bigcap		6.2 NAM	Æ	ADDRESS				L. Fidulion
	ļ				6.2 NAM 6.3 STRE 6.4 CITY	AE Eet A 1 - St	- ZIP	in Section 110 07/3Vi) Florida Statute			

so with this imag does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the attachment with an address. I do hereby certily that the information information indicated on this annual. I am an officer or director of the corpapears in Block 12 or Block 13 if of

SIGNATURE:

Daytime Frionc # 0010717