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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000102765 (0)

DIVINE DESIGN COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
4896 65 STREET
4896 65 STREET
VERO BEACH FL 32967 VERO BEACH FL 32967-5364

FILED
May 28 1997 8:00am
Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

				12/19/1996	ŀ		
2. Principal Place of Business	0/ //IN CH			4. FEI Number	15960	<b>`</b>	pplied For
	[20]		65-01	13766		ot Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Statu	us Desired [		Additional equired	
City & State	** ** *********************************			8. Election Campaig	n Financino	\$5.00	May Be
23 Vero Beach, FC	o Beach, FL 28			Trust Fund Contrib			to Fees
Zip Country	Zip Country			B. This corporation h	as liability for inta	ngible tax under s	. 199.032,
24 32467 25 Indan KINEC	29 30	0		Florida Statutes	ÌXIY		
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
4896 65 STREET VERO BEACH FL 32967			81 Name				
			82 Street Address (P.O. Box Number is Not Acceptable)				
			83				
			84 City 85 Zip Code				
			FL 60 Expected				
<ol> <li>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.</li> </ol>							
SIGNATURE Signature, type 3 or printed name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND D	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TOLE D	DELETE	1.1 TITLE				☐ Change	Addition
NAME MAGEE, JEFFREY R らげつ	Cavern Terr	1.2 NAME					5
STREEL ADDRESS P O BOX 781591	D A DAY TALEAL		ADDRESS				3
City-St-ZIP SEBASTIAN FL 32978			71P			4.4	
TITLE D	☐ DELETE	2.1 TITLE				Change	Addition C
NAME GANGER, SCOTT B		2 2 NAME				-	
	4000 OF OT						1
1	VEDO DEACH EL 20007						
TRLE D	☐ DELETE	2.4 CITY-ST 3.1 TITLE			, a , d , d , d , d , d , d , d , d , d	: Change	Addition
NAME MAGEE, GLENN 541 C	avern Terr	3.2 NAME					
STREET ADDRESS PO BOX 781591 Se bas			NDDRESS .			.,	
CHT+SI-ZIF SEBASTIAN FL 32978	, , . , . ,						
TITLE	DELETE	3.4. CITY - ST 4.1 TITLE	- ZIF			Change	Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET A	INNOCCC				
				* •			
City-St-ZiP	DELETE	4.4 CFT - ST 5.1 TIY	- ZIP			Change	Addition
NAME	□ becele					L. Drange	Last Madellan
STREFT ADDRESS		5.2 NA .: 5.3 STE ET A	innorce				
City StyZIP	•	5.4 C/T - SY					
TITLE	☐ DELETE	6.1 TIT	- CIF			Change	Addition
NAME	based to be a facility	6.2 NA					
STREET ADDRESS			NDDRESS .				
C-1Y-S1-7/P  14. I do hereby certify that the information supplied w	ith this filing does not qualify t		-ZIP notion stated i	in Section 119.07(3)(i), I	Florida Statutes I	further certify that	the
information indicated on this annual report or sup Lam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed or	plemental annual report is true e receiver or trustee empowere	and a suit ad to e scu	rate and that n	ny signature shall have as required by Chapter	the same legal ef	fect as if made un	der oath; that