

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

FILED  
May 13 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000017854 (5)

1. Corporation Name

DNR MANAGEMENT INC

Principal Place of Business

1002 WEST INDIANA AVE  
TAMPA FL 33603

Mailing Address

1002 WEST INDIANA AVE  
TAMPA FL 33603



DO NOT WRITE IN THIS SPACE

|  |  |                        |  |   |  |
|--|--|------------------------|--|---|--|
| 2. Principal Place of Business                         |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                       |  |
| 21 Suite, Apt. #, etc.                                 |  | 26 Suite, Apt. #, etc. |  | 02/25/1997  |  |
| 22 City & State  |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip   |  | 28 TAMPA FL            |  | 459-2268494   |  |
| 24 Country   |  | 29 33614               |  | Applied For   |  |
| 25   |  | 30 HILLSBOROUGH        |  | Not Applicable  |  |
| 9. Name and Address of Current Registered Agent        |  |                        |  | 10. Name and Address of New Registered Agent                            |  |
| PARK, DIANE<br>1002 WEST INDIANA AVE<br>TAMPA FL 33603 |  |                        |  | 81 Name H JOLENE SALADINO   |  |
|  |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable) 3911 W WATERS #16 |  |
|  |  |                        |  | 83  |  |
|  |  |                        |  | 84 City TAMPA FL 85 Zip Code 33614                                      |  |

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

*H. Jolene Saladino*

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

|                            |                    |   |  |
|----------------------------|--------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PD                 | 1.1 TITLE   |  |
| NAME                       | H. JOLENE SALADINO | 1.2 NAME  |  |
| STREET ADDRESS             | 3911 W WATERS #16  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL 33614     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 2.1 TITLE   |  |
| NAME                       |                    | 2.2 NAME  |  |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *H. Jolene Saladino*

4/29/98

CR2E034 (10/97)