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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 17 1998 8:00am Secretary of State

1. Corporation DRI SOL	Name		P97000	00775	589 (4 <sub>)</sub>	)			
Principal Place	of Busines	s		Mailing Address					
7735 HOLIDAY DR. SARASOTA FL 34291				7735 HOLIDAY DR. SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	$\neg$
								09/08/1997	
2. Principal Pla	ce of Busin	1088		2a. Mailing Address				4. FEI Number Applied For	$\dashv$
21				26				65-0796/0/ Not Applicat	ole
Suite, Apt. #	, e1c.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country			Zip	Country	,	B. This corporation owes or has paid the current year Intengible		
24	25		ŕ	29		30		Personal Property Tax due June 30. Yes No	
	9. Name	and	Address of Current	t Registered	Agent			10. Name and Address of New Registered Agent	
DAY, STEVEN H JR. 81 Name							ne		
7735 HOLIDAY DR.						82	Street	et Address (P.O. Box Number is Not Acceptable)	
SAR	. 342	31						_	
						83			
						84	City	FL 85 Zip Code	
11. Pursuant to office or reg agent. I am	the provisi gistered ag n familjer wi	ions d jent, d th, an	of Sections 607.0502 or both, in the State of accept the obliga	2 and 607.150 of Florida. Sud tions of, Secti	08, Florida <b>Sta</b> tu ch change was ion 607.0505, F	ites, the abov authorized by lorida Statute	e-named the cor s.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	i d
SIGNATURE &	Mercy Identitive, typed	or plini	ed name of redistered again	(S'teu)	CN H DA	TA Registered Ad	Pres AD	ure required when reinstating) 5ATE	-
12.			OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PRES 10	•			DELETE	1.1 TITLE		Change 🔀 Addition	on :
NAME .	Steve.	/ در	4. DAY JL. A St			1.2 NAME		Steven H. DAY JA	
						1.3 STREET	AODRESS	s 1807 MOVA St	
CITY-ST-ZIP	SARASA	JA.	,FL. 3423	1		1.4 C/TY - S	T-ZIP	SARASOTA FC. 34231	
	Seal True				DELETË	2.1 TITLE		S/T Change M Addition	on C
			AMESON WOLD			2.2 NAME 2.3 STREET	ADDRESS	S 640 GRISWOLD	
CITY-ST-ZIP					167		ST - ZIP	Northville, Mi 48167	
TITLE	±0#1/b	Ei.A.	<del></del>		DELETE	3.1 TITLE		Change Addition	on
NAME						3.2 NAME			ŀ
STREET ADDRESS						3.3 STREET	ADDRESS	s	
CITY-ST-ZIP						3.4. CITY-5	ST - ZIP		
TITLE					DELETE	4.1 TITLE		Change Addition	วก
NAME						4. 2 NAME			
STREET ADDRESS						4.3 STREET	address	S	
CITY-ST-ZIP						4.4 CITY-S	T-ZIP		_
TITLE					DELETË	5.1 TITLE		Change Addition	nc
NAME						5.2 NAME			
STREET ADDRESS						5.3 STREET		S	
CITY-ST-ZIP					Decete	5.4 CITY-S	T-ZIP		_
TITLE					DELETE	6.1 TITLE		☐ Change ☐ Addition	)n
NAME OTDEET ADDOCCO						6.2 NAME	4000500		
STREET ADDRESS						6.3 STREET			
CITY-ST-ZIP	rtify that the	infor	mation supplied with	h this filma da	es not qualify f	or the exemp		<ul> <li>I ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information</li> </ul>	

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 anachment with an address.