FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S68081 (6)

1. Corporation Name

MISS DREAM GIRL AMERICA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 919 PONTE VEDRA BEACH FL 32004-0919	POST OFFICE BOX 919 PONTE VEDRA BEACH FL 32004-0919

2. Principal Place of Business	2a. Mailing Address
21 4096 PONTE VEDRA BLVD.	26 4096 PONTE VEDRA BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE BCH., FLA.	City & State 28 JACKSONVILLE BCH., FLA.
Zip 24 32250 / Country 25 USA	Zip 29 32250 / Country 30 USA

3. Date Incorporated or Qualified: 07/23/1991
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-6000343 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEVIN S. SANDERS, P.A.
817 WILLOW BRANCH AVE.
SUITE 2925
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BUTTS, PATSY	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	☐ DELETE
NAME	BUTTS, ELLIOT W.	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	☐ DELETE
NAME	GRISWOLD, ANNA	
STREET ADDRESS	601 DAVIS STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PATRICIA A. BUTTS *Patricia A. Butts* — APR. 28, 1996 (904) 285-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)