

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

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4096 PONTE VEDRA BLVD  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

4096 PONTE VEDRA BLVD  
JACKSONVILLE BEACH FL 32250-5825  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/23/1991

3a. Date of Last Report

05/01/1996

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 2025  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	BUTTS, PATSY	4096 PONTE VEDRA BLVD.	JACKSONVILLE BCH FL
D	BUTTS, ELLIOT W.	4096 PONTE VEDRA BLVD.	JACKSONVILLE BCH FL
D	GRISWOLD, ANNA	601 DAVIS STREET	NEPTUNE BEACH FL
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do 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: Patricia A. Butts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 904-285-2278

CR2E034 (9/96)