SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

3440 MARINATOWN LANE, N.W.

S85091

(4)

3440 MARINATOWN LANE, N.W.

DIRECT ACCESS DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address	

FILED Oct 01 1998 8:00am Secretary of State



N FT MYERS FL 33903	N FT MYERS FL 33903				
TO THE STATE OF TH			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified		
			09/30/1991		
2. Principal Place of Business	2a. Malling Address		4. FÉI Númber	Applied For	
21 6121 KIVERSHORE CT.	26 6121 KINE	ERSHORE CT	65-0290900	Not Applicable	
Suite, Apt #, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 N. FT. MYERS, FL.	City & State 28 N.FT. MYERS	, FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 LEE	Zip Co 29 33917 30	untry LEE	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes No	
9. Name and Address of Current Registered Agent		10, Name and Address of New Registered Agent			
HOOLIHAN, THOMAS P., JR.		81 Name			
3440 Marinatown Lane, n.w. N FT Myers FL 33903		82 Street Address (P.O. Box Number is Not Acceptable)			
		6121			
		84 City		85 Zip Code	

			" N	, PT. MYERS	FL 33917	
12	office or	registered agent, or both, in the State of Florida, Such change v	vas authorized by the corpo	rporation submits this statemen ration's board of directors. I her	t for the purpose of changing its registered reby accept the appointment as registered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			MOTO B. St. About		DATE	
TITLE						
NAME				ADDITIONS OF TANOL	7	
STREET ADDRESS STRE		-	-		Change Addition	
City-St-ZiP]			
TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME CTY-ST-ZIP 2.3 STREET ADDRESS CTY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP CHANGE Addition STREET ADDRESS CTY-ST-ZIP 4.1 TITLE Change Addition NAME 1.1 TITLE Change Addition NAME 4.2 NAME CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP Addition NAME DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CTY-ST-ZIP Change Addition STREET ADDRESS STREET ADDRESS CTY-ST-ZIP						
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23 STREET ADDRESS 24 CITY-ST-ZIP		Deteri	-		Change C Addition	
24 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1			
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5.3 STREET ADDRESS		L DELETE	-		Change Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	NAME		5.2 NAME			
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Li Diction	CITY-ST-ZIP		5.4 CITY-ST-ZIP			
NAME 6.2 NAME	TITLE	DELETE	6.1 TITLE		Change Addition	
	NAME		6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	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:

9/23/98
941)543-477*