


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

FILED

Mar 28 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 # V37350 (8) 1. Corporation Name DIGNITY CORPORATION					
Principal Place of Business 1001 W EUCLID AVE DELAND FL 32720			Mailing Address 1536 WEST NEW YORK AVE. DELAND FL 32720-4920		
2. Principal Place of Business 21 1536 W. New York Ave.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/15/1992	
22 Suite, Apt. #, etc.		27 City & State DeLand, FL		3a. Date of Last Report 04/19/1996	
23 City & State DeLand, FL		28 Zip 32720		4. FEI Number 59-3127788	
24 Country Volusia		29 Zip 32720		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CROTEAU, CECIL 1536 WEST NEW YORK AVENUE DELAND FL		10. Name and Address of New Registered Agent 81 Name RLee M. Kline		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable) 1515 W. Winnemissett Ave.		83		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
84 City DeLand		85 Zip Code FL 32720		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 <i>RLee M. Kline</i> RLee M. Kline DATE 3/14/97 <small>Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE PO	12.2 NAME PROCTOR, JEFFREY D.	12.3 STREET ADDRESS 744 MOCKINGBIRD LANE	12.4 CITY-ST-ZIP DELAND FL	13.1 TITLE Administrator	13.2 NAME RLee M. Kline
12.5 TITLE STD	12.6 NAME CROTEAU, CECIL	12.7 STREET ADDRESS 1001 W EUCLID AVE.	12.8 CITY-ST-ZIP DELAND FL	13.3 STREET ADDRESS 1515 W. Winnemissett Ave.	13.4 CITY-ST-ZIP DeLand, FL 32720
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: <i>RLee M. Kline</i> RLee M. Kline DATE 3/14/97 DAYTIME PHONE # 904-734-5326		

CR2E034 (9/96)