

FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
95-1997

FLORIDA DEPARTMENT OF STATE  
Tara B. Hamm  
Secretary of State  
DIVISION OF CORPORATIONS

95-97 AR

DOCUMENT # 97  
1. Corporation Name  
**DINK, INC. V62709  
of KEY WEST.**

Principal Place of Business Mailing Address  
**610 SOUTHARD ST REAR .  
KEY WEST FLA. 33040**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified  
3a. Date of Last Report  
**1995**

2. Principal Place of Business  
21 **610 SOUTHARD ST.**  
Suite, Apt. #, etc **REAR**  
City & State **KEY WEST FLA.**  
Zip **33040** Country **USA**

2a. Mailing Address  
26 **610 SOUTHARD REAR**  
Suite, Apt. # etc **REAR.**  
City & State **KEY WEST FLA.**  
Zip **33040** Country **USA.**

4. FEI Number 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  
**BENJAMIN C. BRUCE  
610 SOUTHARD ST. REAR.  
KEY WEST. FLA.  
33040.**

10. Name and Address of New Registered Agent  
81 Name **BENJAMIN C. BRUCE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**610 SOUTHARD ST. REAR.**  
83  
84 City **KEY WEST.** FL 85 Zip Code **33040**

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 *Benjamin C Bruce* DATE **5/14/97.**

12. OFFICERS AND DIRECTORS

TITLE	<b>P. BEW. C. BRUCE</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	<b>610 SOUTHARD ST. REAR</b>	
CITY - ST - ZIP	<b>KEY WEST FLA 33040</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500002213365--1</b>
1.4 CITY - ST - ZIP	<b>-06/16/97--01144--023</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>****565.00 ****565.00</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 by me. 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: *Benjamin C Bruce* DATE **5/14/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)