

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000011212 (7)**  
 1. Corporation Name  
**DUNRAVEN CORPORATION**



Principal Place of Business <b>118 CHANDLER LANE</b> <b>CENTREVILLE DE 19807</b> <b>US</b>	Mailing Address <b>118 CHANDLER LANE</b> <b>CENTREVILLE DE 19807-1108</b> <b>US</b>
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3. Date Incorporated or Qualified <b>12/11/1992</b>	3a. Date of Last Report <b>02/14/1996</b>
4. FEI Number <b>65-0385086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>CLARK, THOMAS W</b> <b>7979 S TAMiami TRAIL, UNIT A</b> <b>SARASOTA FL 34231</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLARK, THOMAS W</b>	1.2 NAME	
STREET ADDRESS	<b>7979 S TAMiami TRAIL, UNIT A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLARK, LUCILLE G</b>	2.2 NAME	
STREET ADDRESS	<b>7979 S TAMiami TRAIL, UNIT A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP CLARK, DONALD T.</b>	3.2 NAME	
STREET ADDRESS	<b>118 CHANDLER LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTREVILLE DE 19807</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DST CLARK, MELISSA C.</b>	4.2 NAME	
STREET ADDRESS	<b>118 CHANDLER LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTREVILLE DE 19807</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, \_\_\_\_\_ 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 contained 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 a 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 is listed on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald T. Clark DATE: 4/28/97 DAYTIME PHONE #: 302-652-4459  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD T. CLARK

CR2E034 (9/96)