

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 637889 (7)

1. Corporation Name
D.T.L. CORPORATION



Principal Place of Business Mailing Address
**C/O LAURA C JOHNSON
1081 9TH & HIGHWAY 50
WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified **09/28/1979** 3a. Date of Last Report **04/14/1995**

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

4. FET Number **59-1933601** 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
**JOHNSON, LAURA C
1081 9TH & HWY 50
WINTER GARDEN, FL
34787**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, JOHN N.	1.2 NAME	Pickels, Teresa J.
STREET ADDRESS	P.O. BOX 1161	1.3 STREET ADDRESS	665 Glenview Dr
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Winter Garden, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKELS, JOHN T.	2.2 NAME	Johnson, Fred T.
STREET ADDRESS	665 GLENVIEW DR.	2.3 STREET ADDRESS	1081 9th & Hwy 50
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	Winter Garden, FL
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWLAND, JAN E.	3.2 NAME	
STREET ADDRESS	454 23RD ST. S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LAURA CLARK	4.2 NAME	
STREET ADDRESS	1081 9TH & HWY 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, LINDA J.	5.2 NAME	
STREET ADDRESS	195 E. TILDEN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWLAND, DEBORAH J.	6.2 NAME	
STREET ADDRESS	454 23RD ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Laura C. Johnson, Laura C. Johnson 1-19-96 407-656-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)