

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

FILED

**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 637889 (7)

1. Corporation Name
D.T.L. CORPORATION



Principal Place of Business C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787	Mailing Address C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787
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3. Date Incorporated or Qualified 09/28/1979	3a. Date of Last Report 03/21/1996
4. FEI Number 59-1933601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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: Laura C. Johnson (Signature, typed or printed name of registered agent and true if applicable) Laura C. Johnson (NOTE: Registered Agent signature required when reinstalling) 3-28-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, JOHN N.	1.2 NAME	Frederick T. Johnson
STREET ADDRESS	P.O. BOX 1161	1.3 STREET ADDRESS	1081 9th St + Hwy 50
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Winter Garden, Fl 34787
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKELS, JOHN T.	2.2 NAME	Teresa J. Pickels
STREET ADDRESS	665 GLENVIEW DR.	2.3 STREET ADDRESS	665 Glenview Dr.
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 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: Laura C. Johnson (Signature, typed or printed name of signing officer or director) Laura C. Johnson 3-28-97 407-656-3355 DATE Daytime Phone #

CR2E034 (9/96)