


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1979	
21		26		4. FEI Number 59-1933601	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Laura C. Johnson Laura C. Johnson 4-9-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. Not Listed: OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REES, JOHN N.			1.2 NAME	Fred T. Johnson		
STREET ADDRESS	P.O. BOX 1161			1.3 STREET ADDRESS	1081 9th St		
CITY-ST-ZIP	WINTER GARDEN FL			1.4 CITY-ST-ZIP	Winter Garden, FL 34787		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<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 34787		
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 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 Laura C. Johnson 4-9-98 407-656-3355

CR2E034 (10/97)