

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

FILED

**May 27 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 # F93000003573 (3)
1. Corporation Name: **DVL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24 RIVER ROAD P. O. BOX 408 BOGOTA NJ 07603	Mailing Address 24 RIVER ROAD P. O. BOX 408 BOGOTA NJ 07603
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3. Date Incorporated or Qualified 07/30/1993	
4. FEI Number 13-2892858	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
Signature type for printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHLINE, FREDERICK E	1.2 NAME	
STREET ADDRESS	250 PARK AVE., 14TH FL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10177	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL	2.2 NAME	
STREET ADDRESS	1370 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASNOFF, ALAN E	3.2 NAME	
STREET ADDRESS	642 N. BROAD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUPELL, ALLEN	4.2 NAME	
STREET ADDRESS	1715 MANDYLYNN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, DANIEL	5.2 NAME	
STREET ADDRESS	24 RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA NY	5.4 CITY-ST-ZIP	
TITLE	CFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICKER, GARY	6.2 NAME	
STREET ADDRESS	24 RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA NJ	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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.

CR2E034 (10/97)