

**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 # **M96549** (4)

1. Corporation Name  
**D & L MANAGEMENT COMPANY, INC.**



Principal Place of Business: **150 NE 109 ST MIAMI SHORES FL 33161**  
Mailing Address: **150 NE 109 ST MIAMI SHORES FL 33161**

3. Date Incorporated or Qualified: **08/30/1988**  
3a. Date of Last Report: **03/30/1995**  
4. FEI Number: **65-0074351**  
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

21. Principal Place of Business: **80 PARK DR. APT # 2 BAL HARBOUR FL 33154 DADE**  
22. Suite, Apt. #, etc.: **APT # 2**  
23. City & State: **BAL HARBOUR FL**  
24. Zip: **33154** 25. Country: **DADE**  
26. Mailing Address: **80 PARK DR. APT # 2**  
27. Suite, Apt. #, etc.: **APT # 2**  
28. City & State: **BAL HARBOUR FL**  
29. Zip: **33154** 30. Country: **DADE**

9. Name and Address of Current Registered Agent: **APPLETON, DAVID F. 150 N.E. 109 STREET MIAMI SHORES FL 33161**  
10. Name and Address of New Registered Agent: **APPLETON DAVID F. 80 PARK DR APT # 2 BAL HARBOUR FL 33154**

11. Pursuant to the provisions of Sections 607.05(2) and 607.1505, 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 the registered agent under the Florida Statutes.  
SIGNATURE: *David F. Appleton* DATE: **FEB 20, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PTD</b>	NAME: <b>APPLETON, DAVID F.</b>	1. TITLE: <b>PTD</b>	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: <b>150 NE 109 ST</b>	CITY-STATE-ZIP: <b>MIAMI SHORES FL</b>	2. NAME: <b>APPLETON DAVID F.</b>	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
		3. STREET ADDRESS: <b>80 PARK DR # 2</b>	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
		4. CITY-STATE-ZIP: <b>BAL HARBOUR FL</b>	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE: <b>VSD</b>	NAME: <b>APPLETON, LORETTA</b>	5. TITLE: <b>VSD</b>	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: <b>150 NE 109 ST</b>	CITY-STATE-ZIP: <b>MIAMI SHORES FL</b>	6. NAME: <b>APPLETON, LORETTA</b>	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
		7. STREET ADDRESS: <b>80 PARK DR # 2</b>	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		8. CITY-STATE-ZIP: <b>BAL HARBOUR FL</b>	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE:	NAME:	9. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	10. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		11. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		12. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE:	NAME:	13. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	14. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		15. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		16. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>

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.  
SIGNATURE: *David F. Appleton* **DAVID F. APPLETON** DATE: **2-20-96** TELEPHONE: **305-877-9010**

CR2E034 (12/95)