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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M96549 (4)

D & L MANAGEMENT COMPANY, INC.

FILED
Jan 20 1998 8:00am
Secretary of State



Principal Place of Business  80 PARK DRIVE APT. 2 BAL HARBOUR FL 33154 US  2. Principal Place of Business 2. Mailing Address US  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 08/30/1988  2. Principal Place of Business 2. Mailing Address 4. FEI Number APT 2 BO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 08/30/1988  4. FEI Number APEI Number Applied For Not
APT. 2 BAL HARBOUR FL 33154 US  APT 2 BAL HARBOUR FL 33154 US  3. Date Incorporated or Qualified  08/30/1988  2. Principal Place of Business 2a. Mailling Address 4. FEI Number 65-0074351 Not Applied For 65-0074351 Not Applied For 65-0074351 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required  City & State Country Applied For 65-0074351 Not Applied For 65-0074351 Not Applied For 65-0074351 Not Applied For 65-0074351 Not Applied For 65-0074351 See Required Fee Required Fee Required Fee Required Fee Required  City & State City & State Added to Fees Added to Fees Apriculture Applied For 65-0074351 Not Applied For 65-0074351 See Required Fee Required Fees Required Fe
US  3. Date Incorporated or Qualified 08/30/1988  2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 29. City & State 29. Country 21. Country 21. Country 22. Typ 24. 25. 29. 30. Country 25. Name and Address of Current Registered Agent  APPLETON, DAVID F. 39. Date Incorporated or Qualified 08/30/1988  4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 8. Name and Address of Current Registered Agent 8. Trust Fund Contribution 8. Trust Fund Contribution 8. Trust Fund Contribution 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Accepta
2. Principal Place of Business  2. Applied For  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. Country  2. Country  2. Country  2. Description owes or has paid the current year Intangible Personal Property Tax due June 30.  3. Name and Address of Current Registered Agent  Applied For  6. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  7. Trust Fund Contribution  7. Added to Fees  7. Applied For  8. Certificate of Status Desired  8. Trust Fund Contribution  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  8. Name and Address of Current Registered Agent  APPLETON, DAVID F.  8. Name  8. Name  8. Name  8. Street Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)
25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  APPLETON, DAVID F.  80 PARK DRIVE  APT 2  BAL HARBOUR FL 33161  Suite, Apt. #, etc.  Suite Additional Fee Required  Added to Fees  Added to Fees  Added to Fees  Added to Fees  No Personal Property Tax due June 30.  Yes No  No  No  Suite, Apt. #, etc.  Suite Address of New Registered Agent  No  Suite, Apt. #, etc.  Suite Address of New Registered Agent  Suite Address (P.O. Box Number is Not Acceptable)  Suite Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,
City & State
23
Zip Country Zip Country Zip Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  APPLETON, DAVID F.  80 PARK DRIVE APT 2 BAL HARBOUR FL 33161  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 PARK DRIVE 84 City
24 25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  APPLETON, DAVID F.  80 PARK DRIVE APT 2 BAL HARBOUR FL 33161  Personal Property Tax due June 30. Yes No  Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  83  84 City
P. Name and Address of Current Registered Agent     APPLETON, DAVID F.      80 PARK DRIVE     APT 2     BAL HARBOUR FL 33161      10. Name and Address of New Registered Agent     Name     Street Address (P.O. Box Number is Not Acceptable)     83  84 City
APPLETON, DAVID F.  80 PARK DRIVE APT 2 BAL HARBOUR FL 33161  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)
80 PARK DRIVE APT 2 BAL HARBOUR FL 33161  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)
APT 2 BAL HARBOUR FL 33161  83  84 City
BAL HARBOUR FL 33161  83  84 City Repl. 7to Code
84 City   95 7in Code
94 City OE 7in Code
FL   65   210 COUR
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, 1 hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent significance required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD DELETE 1.1 TITLE Change Addition
NAME APPLETON, DAVID F. 1.2 NAME
STREET ADDRESS 80 PARK DRIVE APT 2 1.3 STREET ADDRESS
CITY-ST-ZIP BAL HARBOUR FL 1.4 CITY-ST-ZIP
TITLE VSD DELETE 21 TITLE Change Addition
NAME APPLETON, LORETTA 22 NAME
STREET ADDRESS 80 PARK DRIVE APT 2 2.3 STREET ADDRESS
CITY-ST-ZIP BAL HARBOUR FL 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-S1-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETÉ 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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

Thereby Cortiny that the information supplied with this liming does not duality for the exemption stated in section 119.07(3)(i). Plotted statutes, Fibritier Certify that the information indicated on this ennual report of 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 receiper or trigtoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that by name appears in Block 12 or Block 13 if changed, in on an attrictine twith an artifice.