

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 384423

1. Corporation Name
D.L.R., INC.

Principal Place of Business
**4655 RECTOR RD.
COCOA FL 32926**

Mailing Address
**4655 RECTOR RD.
COCOA FL 32926**

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90022 001 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1971	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1374634		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROCKWELL, DAVID 4655 RECTOR RD. COCOA FL 32926			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD ROCKWELL, DAVID LEE	1617 NORTH US 1	COCOA FL	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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)

4-17-99 407-636-6002