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

APPROVED AND FILED

96 JUN 22 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **391461** **(1)**

1. Corporation Name
D.B. TYLER & ASSOCIATES, INC.

Principal Place of Business:
937 N.E. 26 AVE
~~1295 E HALLANDALE BCH BLVD~~
HALLANDALE FL 33009

Mailing Address:
P.O. BOX 1028
~~1295 E HALLANDALE BCH BLVD~~
HALLANDALE FL ~~33009~~ 33008-1028

3. Date Incorporated or Qualified: **11/15/1971**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21 937-NE 26th Ave
Suite, Apt. #, etc.
22
City & State
23 HALLANDALE, FLA
Zip 24 33009
Country 25 BROWARD

2a. Mailing Address
26 P.O. Box 1028
Suite, Apt. #, etc.
27
City & State
28 HALLANDALE, FLA.
Zip 29 33008-1028
Country 30 BROWARD

4. FEI Number: **59-1377195** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: X — **$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

9. Name and Address of Current Registered Agent
TYLER, DOROTHY
~~1295 E HALLANDALE BLVD #4~~ 937 NE 26 AVE
HALLANDALE FL 33009
HALLANDALE, FLA 33009

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 X DOROTHY B. TYLER, PRES. X Dorothy B. Tyler Pres 1/18/96
Signature, type or print name of registered agent — (NOTE: Registered Agent signature required when resigning) — Date

12. OFFICERS AND DIRECTORS

TITLE: DP ☐ DELETE
NAME: TYLER, DOROTHY
STREET ADDRESS: ~~1295 E HALLANDALE BCH BL~~ 937 NE 26 AVE
CITY, ST, ZIP: HALLANDALE, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300001728763
-03/01/96--01014--012
***200.00

400001728764
-03/01/96--01014--018
***8.75

1-22-96
MS

14. I 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 a 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 is an attorney or agent.

SIGNATURE: Dorothy B. Tyler Pres. 1/18/96 305944-0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOROTHY B. TYLER, PRES.

CR2E034 (12/95)