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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 414749

D.L. AND ASSOCIATES, INC.

(2)

## **FILED** May 13 1997 8:00am Secretary of State

Principal Place of Business 2628 17TH ST. P.O. BOX 2405 SARASOTA FL 34234 US		Mailing Address  2920 1111 91. P.O. BOX 2498 SARASOTA FL 34230-2498 US			
				3. Date Incorporated or Qualified 12/15/1972	3a. Date of Last Report 05/01/1996
21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1456293	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 <sub>(p</sub>	Country	Trust Fund Contribution  8. This corporation has liability for its	Added to Fees
24	25	29	30	Florida Statutes	Yes No
	D. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	TINE, ROBERT W.				
1096 GREYSTONE LANE SUITE 202			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34235			83		
			84 City		85 Zip Code
		1000 1000 5		orporation submits this statement for the p	FL
office or r	registered agent, or both, in the State am familiar with, and accopt the oblig	e of Florida, Such change was pations of, Section 607,0505, F	authorized by the corpo Torida Statutes.	ration's board of directors. I hereby accept	ot the appointment as registered
12,	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS (NO	Fig stered Agent signature to 13.	gared where relistating?  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	VD	DELETE	L1 Hitef		Change Addition
NAME	LEA,DONALD		1.2 NAME		
STREET ADDRESS	3704 HEATHER LAKE CIR		1.3 STREET ADDRESS	900 LA COSTA CI	ROLE
CITY-ST-ZIP	SARASOTA FL	DELETE	1.4 CITY - ST - 7/F		34237
title Name	PO Wittine,robert W	LT OUTET	2.1 THUF 2.2 NAME		Change Addition
STREET ADDRESS	1098 GREYSTONE LANE		2.3 STREET ADDRESS		
CITY-SI-ZIP	SARASOTA FL		2 4 CHY - ST - ZIP		
TITLE		DELETE	3.1 THEE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY+\$1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	ł		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - \$1 - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C11Y-ST-ZIP		
TITLE		DELETE	61 11711	***************************************	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - 2IP		
14. I do herel	by certify that the information supplic	ed with this filing does not qua	lify for the exemption sta	ted in Section 119.07(3)(i), Florida Statute het my signature shall have the same lega	s. I further certify that the
l tamian o		r the receiver or trustee empo	wered to execute this re-	port as required by Chapter 607, Florida S	