


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

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 637889 (7)</b> 1. Corporation Name <b>D.T.L. CORPORATION</b>					
Principal Place of Business <b>C/O LAURA C JOHNSON          1081 9TH &amp; HIGHWAY 50          WINTER GARDEN FL 34787</b>			Mailing Address <b>C/O LAURA C JOHNSON          1081 9TH &amp; HIGHWAY 50          WINTER GARDEN FL 34787</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>09/28/1979</b>	
				<b>3a. Date of Last Report</b> <b>03/21/1996</b>	
				<b>4. FEI Number</b> <b>59-1933601</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>JOHNSON, LAURA C          1081 9TH &amp; HWY 50          WINTER GARDEN FL 34787</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b> SIGNATURE <u>Laura C. Johnson</u> <u>Laura C. Johnson</u> <u>3-28-97</u> <small>(NOTE: Registered Agent signature required when reinstalling)</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>REES, JOHN N.</b> STREET ADDRESS <b>P.O. BOX 1161</b> CITY- ST- ZIP <b>WINTER GARDEN FL</b>			1.1 TITLE <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Frederick T. Johnson</b> 1.3 STREET ADDRESS <b>1081 9th St + Hwy 50</b> 1.4 CITY- ST- ZIP <b>Winter Garden, FL 34787</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>PICKELS, JOHN T.</b> STREET ADDRESS <b>665 GLENVIEW DR.</b> CITY- ST- ZIP <b>WINTER GARDEN FL</b>			2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Teresa J. Pickels</b> 2.3 STREET ADDRESS <b>665 Glenview Dr.</b> 2.4 CITY- ST- ZIP <b>Winter Garden, FL</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>GOWLAND, JAN E.</b> STREET ADDRESS <b>454 23RD ST. S.E.</b> CITY- ST- ZIP <b>VERO BEACH FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
TITLE <b>STD</b> <input type="checkbox"/> DELETE NAME <b>JOHNSON, LAURA CLARK</b> STREET ADDRESS <b>1081 9TH &amp; HWY 50</b> CITY- ST- ZIP <b>WINTER GARDEN, FL 00000</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>REES, LINDA J.</b> STREET ADDRESS <b>195 E. TILDEN ST.</b> CITY- ST- ZIP <b>WINTER GARDEN FL</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>GOWLAND, DEBORAH J.</b> STREET ADDRESS <b>454 23RD ST SE</b> CITY- ST- ZIP <b>VERO BCH. FL</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		
<b>14. I do 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.</b>					
SIGNATURE: <u>Laura C. Johnson</u> <u>Laura C. Johnson</u> <u>3-28-97</u> <u>407-656-3355</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E034 (9/96)