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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

665364

(6)

D. & I. GENERAL BROKERAGE, INC.

Principal Place of Business

Mailing Address

ACCO WHITE CENAD IN

**FILED** May 06 1997 8:00am Secretary of State

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DELRAY BOH		DELRAY BCH FL 33445-703	6							
US		US			<ol> <li>Date Incorporated or Qualified 04/02/1980</li> </ol>			3a. Date of Last Report 03/29/1996		
	lace of Business	2a. Mailing Address	5 A C		4.	FEI Num			1	Applied For
	US. 27, 8.	26 4208 U.S	· 311' 2	·		<u> 59-19</u>	980809			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5.	Certifica	te of Status Desired			Additional Required
City & State  City & State  Sebring, FL  28 Sebring, FL							Campaign Financing nd Contribution			May Be I to Fees
24 Zip 338	70 Country		Countr 30	′y 		Fiorida 9		Yes [	□No	s. 199.032,
	g, Name and Address of Curren	t Registered Agent			10.	Name a	nd Address of New Re	gistered /	igent	
MU	ELLER, DOLORES		81	Name						
	7 WHITE CEDAR LN RAY BCH FL 33445		82	42	Address (P	O. Box ۱.	Number is Not Acceptat	ole)		
			83		·				<b>85</b> Zig	Code_
			6.		ebrir	પ્લ		FL	65 2	3870
11, Pursuant f office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida Statutes of Florida. Such change was au ations of, Section 607,0505, Flor	s, the about hida Statute	ve-named by the corp es.	corporation poration's b	n submite loard of d	s this statement for the p directors. I hereby accep	ourpose of of the app	changing	ils registered
SIGNATURE	Signature, typed or printed name of registered age		Flegislered A	gerd signature	required when			DATE		
12.	OFFICERS ANI		13.		·····	ADDITION	NS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	☐ DELETE	1.1 TALE						Change	Addition
NAME	ABOOD, IRENE S.		1.2 NAME			_				
STREET ADDRESS	4557 WHITE CEDAR LN		1.3 STREE	I ADDRESS	4208					
CITY-ST-ZIP	DELRAY BCH FL	T Description	1.4 CITY-	<del></del>	Sclor	ing	FL 33870			
TITLE	STD	☐ DELETE	2.1 TITLE			•			Change	Addition
NAME	MUELLER, DOLORES		2 2 NAME				ካጠ የ			
STREET ADDRESS	4557 WHITE CEDAR LN			1 ADDRESS	PAUL	W.2.	27,8.	1		
CITY-ST-ZIP	DELRAY BCH FL	T Street	2. 4 CITY		>eur	<u>'174</u>	, FL 33870	' · · · · · · · · · · · · · · · · · · ·	TT 6.	
TITLE		☐ DELETE	3.1 TITLE			•			Change	[_] Addition
NAME			3.2 NAME							
STREET ADDRESS				FT ADDRESS						
CITY-ST-ZIP		- DOLLAR	3.4. CITY	· · · · · · · · · · · · · · · · · · ·	ļ				I Dhara	[] Addition
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NAME			4 2 NAM		İ					
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		C proper	4.4 CITY-						T 05	FT 4486
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NAME			5.2 NAME							
STREET ADDRESS				FT ADDRESS						
CITY-ST-ZIP		T proper	5.4 CITY		ļ <u> </u>					( Award
TITLE		☐ DELETE	6.1 THILE						Change	[]] Addition
NAME			6.2 NAME							
STREET ADDRESS				ET ADDRESS	1					ĺ
CITY-ST-ZIP			6.4 CITY -	\$1-7IP	<u> </u>					

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 correction 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 changes or on an alteral ment without address.