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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 666929

(5)

## FILED May 22 1998 8:00am Secretary of State

D.L. PI	EOPLES GROUP, INC.	Mailion Addrson								
Principal Place of Business Mailing Address										
D.L. PEOPLES GROUP, INC.  Principal Place of Business  233 ACADEMY ORIVE P.O. BOX 421768 KISSIMMEE FL 34742-1768 US  2. Principal Place of Business  21 Suite, Apt. #, etc.  22 City & State  23 Zip Country  24 25  9. Name and Address of Curre  PEOPLES, DAVID L.  233 ACADEMY DRIVE KISSIMMEE FL 34744-5669  11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statagent, and accept the oblic SIGNATURE  Signature, typind or protect name of registered agent, or both, in the Statagent, and accept the oblic SIGNATURE  12. OF FICERS ALTILE  DP  NAME PEOPLES, DAVID L.  STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE NAME PEOPLES, PAUL T STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE VPST NAME PEOPLE, KEITH STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE VAS NAME PEOPLES, ANE W STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE VAS NAME PEOPLES, ANE W STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE VAS NAME PEOPLES, ANE W STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  TITLE NAME PEOPLES, ANE W STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL	233 ACADEMY DRIVE P.O. BOX 421768 Kissimmee Fl 34742-1788				DO NOT WRITE IN THIS SPACE					
us us							3. Date Incorporated or Qualified			
							04/09/1980		<del></del>	
	Place of Business	2a. Mailing Address								oplied For
		26					59-2986862	···	<del></del>	ot Applicable
22		Suite, Apt. #, etc.	27				5. Certificate of Status Desired		\$8.75 / Fee Re	
<u> </u>	te	City & State				6. Election Campaign Financing	_	\$5.00	May Be	
		28				Trust Fund Contribution		Added :	to Fees	
_	├── <b>┐</b>			intry	of This despotation of the paid the definite year than					
24		<del></del>					Personal Property Tax due June			No
		int Registered Agent		041	Neme		10. Name and Address of New Re	gistered	Agent	
				81	Name					
				82 Street Ad			s (P.O. Box Number is Not Acceptal	ble)		
K	SSIMMEE FL 34744-5669			83						<del></del>
			l	63						
				84	City			<u></u>	85 Zip I	Code
44 6	10-6-10-6	00 - 1007 4500 5-21-64-4					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>FL</u>		
office or	registered agent, or both, in the Stat	e of Florida. Such change was	tes, the at authorized	bove d by	the corp	corpo oratio	ation submits this statement for the p n's board <b>of d</b> irectors. I hereby acce	purpose or pt the app	cnanging it ointment as	s registered registered
agent. La	am familiar with, and accept the obli	gations of, Section 607,0505, Fa	orida Stat	ules	3.					•
SIGNATURE										
12	_ <del></del>		13,	3 Age	ni signatute r	requied	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE FRS AND	DIRECTOR	IS IN 12
		DELETE	1.1 10	ti F			ASSITIONO OF TANGES TO SET IN	OCHO MIND	Change	Addition
	-		1.2 NAME							
			1.3 STREE		ADDRESS					
			1.4 CITY							
	<del></del>	DELETE	2.1 TITLE		1-211			·	Change	Addition
	1		2.2 NAME		- 1					
			2.3 STREET		ADDRESS					
•	1		2.4 CITY-							
		DELETE	3.1 TITLE		71 . 211				Change	Addition
			3.2 NAME		- 1				-	1
					ADDRESS					
			3 4. CI	-						
		DELETE	41 111						Change	Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
			4.4 CI							
		DELETE	5.1 TII	TLE.					Change	Addition
NAME			5.2 NA	ME	1					
STREET ADDRESS	1		5.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	J		5.4 CI		i					
TITLE		DELETE	6.1 717						☐ Change	Addition
NAME			6.2 NA	ME	- 1					
STREET ADDRESS			6.3 ST	REET	ADDRESS					}
CITY-ST-ZIP			6.4 CI							
	certify that the information supplied	with this filing does not qualify for				d in Se	ection 119.07(3)(i), Florida Statutes. I	further ce	rtify that the	information

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 aldress.

SIGNATURE: Church Total

20/98 (407) 847-4441