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 # F9300005548 (3)

DFV INC.

FILED Mar 07 1997 8:00am Secretary of State

Principal Plac	ce of Business	Ma	Mailing Address				T 1027/20 14/2 18/80 1/11/1 601/1 40/11 40/11/1 00/14 66/01 6/10/1 0/11/1 0/80/1 10/1 14/07			
SHEFFIELD P-373 WEST PALM BEACH FL 33417			12300 BARLEY HILL RD. LOS ALTERS HILLS CA 94024-5232							
WEST FALM E	DENOTIFE SONT						 Date incorporated or Qualifie 12/07/1993 		ate of Last (23/1996	Report
2. Principal I	Place of Business	28.	Mailing Address				4. FEI Number			Applied For
21		26					54-0555534			Not Applicable
Suite, Apt	:. #, etc	27	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	ile	<u> = 1</u>	City & State				6. Election Campaign Financing	<u>-</u>		О Мау Ве
23		28	•				Trust Fund Contribution			to Fees
Zιρ	Country		Ζφ	Co	untry	'	8. This corporation has liability f	or intangible	tax under	s. 199.032,
24	25	29		30			Florida Statutes	Yes [
	9. Name and Address of Cu	rrent Regis	tered Agent		-		10. Name and Address of New	Registered	Agent	
	SENBERG, ALICE F P				81	Name				
SHE	EFFIELD P-373				82	Street A	ddress (P.O. Box Number is Not Accep	table)	,,,	
WE	ST PALM BEACH FL 33417				_		······································			
					83					
					84	City			85 Zip	Code
						<u> </u>		FL		
SIGNATURE	Stgr. at we, typed or probed ranio of logistored	d agent and title	il applicable (NO	TE: Register	ed Ap		orporation submits this statement for th ration's board of directors. I hereby ac- equired when reinstating)	DATE		
12,		AND DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TilleF	PC		☐ DELETE		IITLE	1			☐ Change	Addition
NAME	ROSENBERG, ALICE F				MAME	ļ				,
STREET ADDRESS	10000 0,0000 1000 1000					ADORESS				
CITY-SI-7IP	LOS ALTOS HILLS FL 9402	4	DELETE		CITY-5 THTLE	ST-ZIP		·	Change	Additio
NAME	SD COODMAN THIN S		D DECEIL	- 1	NAME	- 1			CT Owningo	L Addition
- NAW: - STREET ADDRESS	GOODMAN, TILLY S SHEFFIELD P-373					ADDRESS				
CHY-S1-ZIP	WEST PALM BEACH FL 33	417				ST-ZIP		*		
TILLE	WEST TALM DEACTITE OF	717	☐ DELETE		TITLE	31.51	· · · · · · · · · · · · · · · · · · ·		Change	Additio
NAME					VAME	- 1				
STREET ADDRESS				3.3 3	STREET	ADDRESS				
CITY-ST ZIP				3.4.	CITY -	ST-ZIP				
TITLE			DELETE	4.1	TITLE				Change	Addition
NAME				4.2	NAME					
STREET ADDRESS				4.3 9	STREET	ADDRESS				
CHTY-S1-ZIP				4.4 (CITY-5	T-ZIP				
111cE			DELETE	5.1	TITLE				Change	Additio
NAME				5.21	NAME	1				
STREET ADDRESS				5.33	STREET	ADDRESS				
CITY - ST - 7IP				5.4 (CITY-S	T-ZIP		·		
TITLE			DELETE	6.1	TITLE				Change	Addition
NAME				6.21	NAME	j				
STREET ADDRESS				6.3 8	STREET	ADDRESS				
CHV. 91-700	1			641	nity	:T. 210				

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 indicator 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 Bock 13 if changed, or on an attachment with an address.

SIGNATURE:

2-26-97

Daytime Phone #