

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF Sandra B. Mor Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G07736

(3)

1. Corporation Name
D'LITES EMPORIUM, INC.



Principal Place of Business 1207 UNIVERSITY DR CORAL SPRINGS FL 33071	Mailing Address 1207 UNIVERSITY DR CORAL SPRINGS FL 33071-6620
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3. Date Incorporated or Qualified 11/09/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2569469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Co

9. Name and Address of Current Registered Agent

TARABOULOS, PAUL
1207 UNIVERSITY DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 33071 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	TARABOULOS, DAVIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1207 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
TITLE	VP		
NAME	TARABOULOS, PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1207 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
TITLE	S		
NAME	GUIMOND, LISA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1207 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: *David Taraboulos* DAVID TARABOULOS PR 4/28/97 (954) 344-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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