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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31506

(0)

Mailing Address

D.L. JUHL ENTERPRISES, INC.

FILED
May 02 1997 8:00am
Secretary of State

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5411 PALM CREST CT. N. 5411			C/O DARROL L. JUHL 5411 PALM CREST CT. N. PINELLAS PARK FL 33782-2780			Date Incorporated or Qualified 04/01/1983	3a. Date of Last Report 04/05/1996		
2. Principa f	Place of Business	2a. Mailing Address	-			4. FEI Number			pplied For
21		26				39-1128124			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	30	intry	_ ,	8. This corporation has liability for i	ntarigible Yes		199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered /	igent	
JUł	IL, DARROL L.			81	Name				
541	1 PALM CREST CT. N. ELLAS PARK FL 33565			82	Street A	Address (P.O. Box Number is Not Acceptab	le)		
				83					
				64	City		FL	85 Zip	Code
office or agent. La SIGNATURE	registered agent, or both, in the Sta arm familiar with, and accept the ob- Signature, typed or protest name of registered	igations of, Section 607.0505, F	Florida Stat	utes	3.	oration's board of directors. I hereby acception or acception of the control of t	of the appoint	aintment as	registered
12.		ND DIRECTORS	13.		.,.,	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	AS IN 12
TITLE	DP	☐ DELETE	1.1 70	TLE	T		······································	☐ Change	Addition
NAME	JUHL, DARROL L		1.2 N	AME					
STREET ADDRESS	5411 PALM CREST CT N		1.3 81	TREET	ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CI	TY-S	1-ZIP				
TIFLE	DT	☐ DELETE	2.1 Til	TLE.	l			L Change	☐ Addition
NAME	ZEOLI, SEBASTIAN, JR.		2.2 N/						
STREET ADDRESS	6477 102ND AVENUE NORT	Н	2.3 S1	REET	ADDRESS	•			•
C-TY-ST-ZIP	PINELLAS PARK FL	D per exe			ST-ZIP			I Observe	4 4 4 4 1 2
TITLE		☐ DELETE	3.1 Tr		1			Change	Addition
NAMé Para Laborese			3.2 N/		4000con				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP TITLE		DELETE	4.1 TI		ST-ZIP			Change	Additio
NAME		lend or the Ph	4.2 N						
STREET ADDRESS					ADDRESS				:
CHY-\$1-7IP			44 CI						
TITLE		DELETE	51 TI					Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	<u> </u>	T-ZIP				
TITLE		DELETE	6.1 TI	TLE				Change	Additio
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 \$1	TREET	ADDRESS				
C(1Y+S1+2)P			6.4 CI	ITY-S	T-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 Brook 13 if chapters or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

1-813-521-2220