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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H54536 (8) D'LOR, INC.											
Principal Place 245 S. MAITLAN P.O. BOX 94096 MAITLAND FL 3	ND AVE. 85	P. O. BOX	Mailing Address P. O. BOX 940965 MAITLAND FL 32794-0985 US								
US							3. Date Incorporated	or Qualified		te of Last R	eport
		T 0. 44 1	4 (1)				05/01/1985		03/1	12/1996	
·····	lace of Business	2a. Mailin	g Address				4. FEI Number			 	optied For of Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.				59-2547842			\$8.75	
22		27	 1				5. Certificate of Statu	s Desired		Fee Re	
City & State	e	City &	State	·····			6. Election Campaign	Financing		\$5.00	May Be
23		28	28				Trust Fund Contrib	ution		Added	
Zıp	Country	Zφ	——————————————————————————————————————				8. This corporation has liability for intangible tax under s. 199.032,				. 199.032,
24	25 9. Name and Address of Curre		29 30				Florida Statutes Yes Wo 10. Name and Address of New Registered Agent				
		III Negistered P	Agoin		31	Name	IV. Hame Bito Addies	SE OI HOW NO	Atarolan v	-yeir	
	Lorraine C Central Avenue				32						
	LAND FL 32751					Street Addr	dress (P.O. Box Number is Not Acceptable)				
m/vi	DAND I L SEISI			E	33						
				ا	34	City		,		les Zes	Code
					7	City			FL	85 Zip (Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1500 e of Florida. Suc gations of, Section	8. Florida Statu h change was on 607.0505, F	ites, the abo authorized lorida Statul	by tes	-named corp the corporati	pration submits this state on's board of directors. I	ment for the p hereby accep	urpose of at the app	changing it ointment as	s registered registered
SIGNATURE		M. data									
12.	Signature itypicalor printed name of registered a	ont and title if applica ND DIRECTORS	ble. (NC	TE: Registered /	Ager	nt signature require	d when reinstating) ADDITIONS/CHANG	SES TO OFFIC	DATE FRS AND	DIRECTOR	RS IN 12
1016	PVS	1D DITECTORS	DELETE		1.1 TITLE		110011101101011111111		21,071,12	Change	Addition
NAM:	LAX, LORRAINE		1.2 NAME							_	
STREEL ADDRESS	450 C CENTRAL AVENUE		· ·			EET ADDRESS					
CHY-ST-ZIP	MAITLAND FL					r-ZIP					
TITLE			☐ DELETE		E					Change	Addition
NAME:					2.2 NAME						
STREET ADDRESS			2			ADORESS					
CHY-S1-7IP		 	☐ DELETE			T-ZIP				Change	Addition
HILE			L. DELETE		E					change	L) Addition
NAME STREET ADDRESS			3.2 N			ADDRESS					
CITY-ST-ZIP				3.4. CIT			•				
TITLE			DELETE							Change	Addition
NAM ?				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	EET /	address					
CITY - ST - ZIP					4.4 City - St - ZiP						
TITLE			DELETE 5.1 T		TILE					Change	Addition
NAVE				5.2 NAM							
STREET ADDRESS						ADDRESS			i		
CITY-S1-ZIP			DELETE	5.4 CITY 6.1 TITU		I-ZIP				Change	Addition
THILE			- DECEMBER	6.2 NAM						viange	Rounion
NAME STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CITY							
14. Ldo hereb	L by certify that the information suppli on indicated on this annual report or	ed with this filing	does not qua	lify for the e	xer	mption stated	in Section 119.07(3)(i), F	lorida Statute	s. I further	certify that	the

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

IATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

FILED

Apr 24 1997 8:00am

Secretary of State

Dautic in Phone #