SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J34413

1. Corporation Name

D.C.B. INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 4130 S.W. 7th PLACE
Suite Apt # etc
22
City & State
23 CAPE CORAL, FL
Zip | County
24 33914 | 25 LEE

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
Zip | County
29 | 30

3. Date of Incorporation: 09-24-86
3a. Date of Last Report: 05-01-95
4. FEI Number: 59-2738254
Applied For
Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has been assigned by the Department of Revenue the following sales tax account number: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: THOMAS J. DEACON
82 Street Address (P.O. Box Numbers Not Acceptable)
83 4130 S.W. 7thPLACE
84 City: CAPE CORAL FL 85 Zip: 33914

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity is familiar with and accepts the obligations of its position as registered agent.

SIGNATURE THOMAS J. DEACON

12. OFFICERS AND DIRECTORS

TITLE	P/V/T/S/D/M/C
NAME	THOMAS J. DEACON
STREET ADDRESS	4130 S.W. 7th PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

900001913589
-08/06/96--01074--012
***225.00

14. I declare that I have read the foregoing and facts stated herein are true and correct to the best of my knowledge and belief. I understand that the filing of false or misleading information or the failure to file a required amendment may be punishable by fine or imprisonment or both under the provisions of Section 817.155, Florida Statutes.

SIGNATURE: Thomas Deacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 941-542-3923

CR2E034 (3/96)