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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J95362

(6)

D. J. INVESTMENTS INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place	e of Business	Maili	ng Address	· · · · · · · · · · · · · · · · · · ·	-			ANGRE MEMBE M	idii Sibii bibii	VIAII (AD)
% ELEANOR JOSEPHS 8732 SOUTH BAY DRIVE ORLANDO FL 32818		% ELEANOR JOSEPHS 8732 SOUTH BAY DRIVE ORLANDO FL 32819-4965								
							3. Date incorporated or Qualified 10/02/1987		nte of Last Ri 01/1996	aport .
2. Pr-ncipal P	lace of Business		lailing Address				4. FEI Number			plied For
<u> </u>		26					59-3021715			t Applicabl
State, Apt.	#, etc	27 S	uite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stati	0		ity & State	·····			6. Election Campaign Financing		\$5.00	May Be
3		28		•+			Trust Fund Contribution		Added t	
_ <i>Z</i> ⊕ ¬	Country	├ ──	ip		ıntry		8. This corporation has liability for in			199.032,
1	25	29		30				Yes [
	9. Name and Address of Curre	nt Register	ed Agent		81	Name	10. Name and Address of New Reg	jistered /	Agent	
	ephs, eleanor				"	мате				
	SOUTH BAY DRIVE				82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
ORL	ANDO FL 32819							· · · · · · · · · · · · · · · · · · ·		
				l	83					
					84	City			85 Zip (Code
						•	poration submits this statement for the p tion's board of directors. I hereby accep	FL	, - '	
BIGNATURE.	Signature, Types or preried name of registered as OFFICERS AT			TE: Registere	d Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND	DIDECTOR	S IN 12
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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; the lam 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

MATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 Date

407-876-4173

nermone v