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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18346

(2)

D & V CONCEPTS, INC. Principal Place of Business Mailing Address 23123 STATE RD 7, STE, 305 23123 STATE RD 7, STE. 305 **BOCA RATON FL 33428 BOCA RATON FL 33428-5407** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1988 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0037042 26 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name James, Robert E., Jr. 8135B SEVERN DR 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 R4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottly 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. or bott, in the State of Florida. Such change was authorized by the corporation's ad accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 💥 Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TOTLE Change Addition JAMES, ROBERT E., JR. NAME 1.2 NAME 8135B SEVERN DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE Addition 5 1 TITLE ___ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Addition 61 TITLE Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 comporation 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 12 in Block 12 or Block 12 in Block 12 or Block 12 in Blo