


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K57666 (5) 1. Corporation Name D.R.B. ENTERPRISES, INC.		



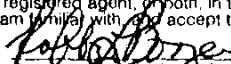
Principal Place of Business 1801 N SWINTON AVE DELRAY BCH FL 33444	Mailing Address 1801 N SWINTON AVE DELRAY BCH FL 33444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1325 SHADY LANE Suite, Apt. #, etc. 22 MERRITT ISLAND FL City & State 23 32952 MERRITT ISLAND FL Zip Country 24 32952 25 USA		2a. Mailing Address 26 1325 SHADY LANE Suite, Apt. #, etc. 27 City & State 28 MERRITT ISLAND, FL Zip Country 29 32952 30 USA		3. Date Incorporated or Qualified 01/06/1989 4. FEI Number 65-0092516 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No DRB	
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9. Name and Address of Current Registered Agent BOOZER, ROB L. 1801 N. SWINTON AVENUE SUITE 100 DELRAY BEACH FL 33444		10. Name and Address of New Registered Agent 81 Name BOOZER, ROB L. 82 Street Address (P.O. Box Number is Not Acceptable) 1325 SHADY LANE 83 84 City MERRITT ISLAND FL 85 Zip Code 32952	
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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 both, 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.

SIGNATURE  ROBBY L. BOOZER 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOZER, DOLORES R. 1801 N. SWINTON AVE. DELRAY BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 SHADY LANE Merritt Island, FL. 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:  DOLORES R. BOOZER 4/6/98 (407) 452-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0109999

CR2E034 (10/97)