

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L32911 (4)

1. Corporation Name
D & B HOLDINGS, INC.



Principal Place of Business 4952 MARLIN DR NEW PORT RICHEY FL 34652 US	Mailing Address 4952 MARLIN DR NEW PORT RICHEY FL 34652-4461 US
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3. Date Incorporated or Qualified 11/30/1989	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2978095	Applied For <input type="checkbox"/> Not Applicable
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 has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sute, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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9. Name and Address of Current Registered Agent

**FAUBER, W.E.
4952 MARLIN DR.
NEWPORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRICE, DAVID L.	
STREET ADDRESS	4952 MARLIN DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	FAUBER, W.E.	
STREET ADDRESS	4952 MARLIN DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, S.K.	
STREET ADDRESS	4952 MARLIN DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUBER, S.S.	
STREET ADDRESS	9420 MOUNTAIN LAKE	
CITY-ST-ZIP	FORT WORTH TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAUBER, W.E.	
1.3 STREET ADDRESS	4952 MARLIN DR	
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRICE, S.K.	
2.3 STREET ADDRESS	4952 MARLIN DR	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
3.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FAUBER, S.S.	
3.3 STREET ADDRESS	9420 MOUNTAIN LAKE ST	
3.4 CITY-ST-ZIP	FORT WORTH TX 76179	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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: *Sharon S. Fauber* Sharon S. Fauber Date: 4/26/1997 817-236-2650 Daytime Phone #

CP2E034 (9/96)