

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39401 (9)

1. Corporation Name

D&L COMPANIES, INC.

800001476668
-05/05/95--01006--013

****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3430 NE 6th Terr.
Pompano Beach, FL 33064

P. O. Box 50171
Lighthouse Point, FL 33074

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P. O. Box 50171

4. FEI Number
65-0169222

Applied For

Not Applicable

22 City & State

27 City & State
Lighthouse Point, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

24

25

29 33074

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHORR, STEPHEN A. ESQ.
2101 N. ANDREWS AVE.
SUITE 400
FT. LAUDERDALE, FL 33311

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

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 P/D
NAME SMITH, DONALD R.
STREET ADDRESS 3430 NE 6th Terr.
CITY- ST- ZIP Pompano Beach, FL 33064

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VP/S/T/D
NAME SMITH, CHARLENE H.
STREET ADDRESS 3430 NE 6th Terr.
CITY- ST- ZIP Pompano Beach, FL 33064

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 305-941-7288

Date

Signature (Typed or Printed Name)