FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43274 (4)

1. Corporation Name
DPL COMPUTING, INC.

Principal Place of Business:
% BENJAMIN P. LIPTON
230 SOUTH CYPRESS ROAD, SUITE 6037
POMPANO BEACH FL 33060

Mailing Address:
% BENJAMIN P. LIPTON
230 SOUTH CYPRESS ROAD, SUITE 6037
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: 65-0127589 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has no/has ... Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

LIPTON, BENJAMIN P.
230 S CYPRESS RD
SUITE 6037
POMPANO BEACH FL 33060

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIPTON, DAVID P.
STREET ADDRESS	230 S. CYPRESS RD. #6037
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	LIPTON, FAY S.
STREET ADDRESS	4701 MARTINIQUE DR #A3
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VP
NAME	LIPTON, BENJAMIN B.
STREET ADDRESS	4701 MARTINQUE DR. #A3
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 is voluntarily furnished and 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: David P. Lipton — 5/1/95 — 305 781 2918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102707 CP