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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(4)

DPL COMPUTING, INC.					
Principal Place of Business Mailing Address * BENJAMIN P. LIPTON * BENJAMIN P. LIP 230 SOUTH CYPRESS ROAD. SUITE 6037 POMPANO BEACH FL 33060 POMPANO BEACH F			ESS ROAD. SUITE 6037	r nederiera era erasea 1919 e 1859 (901)	: 3101 31311 318X1 31311 31311 31311 3131 <u>1</u> 1361
		FOMFANO DEAGN	rt 33060	3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 05/01/1995
2. Principal Pia 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. i	#, etc.	Suite. Apt. #, etc.		65-0127589	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	Oity & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
4	25	29	30	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	
			81 Name		
	N, BENJAMIN P.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
230 S CYPRESS RD Suite 6037			83		
	ANO BEACH FL 33060				
. •			84 City		85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607,1508, Florida Statu ida, Such change was author trop 807,0506, Florida, Statut	ifes, the above-named corp zed by the corporation's bo	oration submits this statement for the purpo and of directors. I hereby accept the appoin	ose of changing its registered offici nument as registered agent. I am
SIGNATURE			20		
	Signature, typical or printers may be of real to restaure		iolic Regions a Agent signatus uses.	ക്ക്കെ അട്ടിന്റ	DATE
I 2 .	DEFICIES AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
IAME	LIPTON, DAVID P.	[] biti if	1 1 THILE 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	230 S. CYPRESS RD. #603	37	13 STREET ADDRESS		
DITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-S1-ZIP		
IILE	D	DELETE	2 1 THLE		Change Addition
iAME	LIPTON, FAY S.	_	2.2 NAME		
TREFT ADDRESS	4701 MARTINIQUE DR #A COCONUT CREEK FL	3	2.3 STHEET ADDRESS		
ITLE	VP	DELETE	2.4 GITY+S*-7IP 3.1 TIFLE		<u> </u>
IAME	LIPTON, BENJAMIN B.	breate	3.2 NAME		Change Addition
TREET ADDRESS	4701 MARTINQUE DR. #A3	}	3.3 STREET ADORESS		
ITY - ST - ZIP	COCONUT CREEK FL		3.4 CiTY - \$1 - ZiP		
IFLE		() DELETE	4 1111.8		Change Addition
AME			4 2 MAME		
TREET ADDRESS			4.3 STREFT ADDRESS		
TLE		DELETE	4 4 C(TY - ST - 7)P 5 1 T(T)E		Change C Address
AME		<u></u>	5.2 NAME		Change Addition
IREET ADDRESS			5.3 STREET ADDRESS		
TY - ST - ZIP			5.4 CITY - ST - ZIP		
TLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
TREET ADDRESS			6 3 STREET ADDRESS		
4. I do hereby	certify that the information supplied v	with this filling is voluntaried from	ished and does not ought	for the exemption stated in Section 119.07	and the state of the
oath; that La	am an officer or director of trie corpo Block 12 of Brook 13 if changed, or c	ration or the receiver or truste on an attachment with an add	idal report is true and accura- to empowered to execute the	ate and that my signature shall have the sai is report as required by Chapter 607, Floric	me legal effect as if made under la Statutes, and that my name
MGIANI		PRINTED NAME OF SIGNING OFFICE		011196 Date	305 >81 2918