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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43274

(4)

DPL COMPUTING, INC.

FILED
May 09 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address										
% BENJAMIN P. LIPTON 230 SOUTH CYPRESS ROAD, SUITE 6037 POMPANO BEACH FL 33060		230 SOUT	% Benjamin P. Lipton 230 South Cypress Road. Suite 6037 Pompano Beach Fl 33060-7001			17				
							3. Date Incorporated or Qualified 01/12/1990	3a. Date o 05/01/		Report
2. Principal Place of Business 2a. 21 26		hora '	n. Mailing Address				4. FEI Number 65-0127589			pplied For ot Applicable
Suite, Apt.		27	Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional equired
City & Stat		City & <b>28</b>	State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country	Ž(ρ 29	,	Coun	lry		8. This corporation has liability for in Florida Statutes	tangible tax Yes ☐ N		s. 199.032,
	<ol><li>Name and Address of Current</li></ol>	nt Registered A	gent				10. Name and Address of New Reg	istered Age	nt	
LIPT	ON, BENJAMIN P.				81	Name				
sun	S CYPRESS RD TE 6037		82		82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)		
PON	APANO BEACH FL 33060				83					
				18	B4	City		FL 8	<b>5</b> Zip	Code
11, Pursuant office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508 of Florida Suct alions of, Section	3, Florida Statut hichango was i in 607.0505, Fl	les, the abo authorized orida Statu	J ove by itès.	-named corp the corporat	oration submits this statement for the pi ion's board of directors. I hereby accep		angirig i ment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	and and title it and feet	IOIM AL	L. Dooble and			ed when reinstating)	DATE		
12.	<del></del>	D DIRLCTORS		13.	Maci	i. signactic rodor	ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12
TITLE	P		DELETE	1.4 TOL	Ę	T	7,0077,070,777,770,00		Change	Addition
NAME	LIPTON, DAVID P.			1.2 NAM				_		
STREET ADDRESS	230 S. CYPRESS RD. #6037			1.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY						
TITLE	D		DELETE	-2.1 1IIL			1		Change	Addition
NAME	LIPTON, FAY S.			2.2 NAM	Æ.				-	
STREET ADDRESS	4701 MARTINIQUE DR #A3			2.3 STRI	EET #	ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL			2 4 GH	Y-\$1	1 - ZIP				
TITLE	VP		DELETE	3 1 1111	F				Change	Addition
NAME	LIPTON, BENJAMIN B.			3.2 NAM	AE.					
STREET ADDRESS	4701 MARTINQUE DR. #A3			3.3 S1RI	EET #	ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL			3.4. Ci11	Y-\$1	1 - Z(F)				
TITLE			☐ DELETÉ	4.1 TITL	F		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4.2 NAM	ME					
STREET ADDRESS				4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	***************************************			4.4 CITY	/-S1	- ZiF				
TITLE			DELFTE	5.1 THE					Change	Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE	EE1 A	ADDRESS				
CITY-ST-ZIP			T brieve	5.4 CH1Y		- ZIP				,
TITLE			DELETE	6.1 11111					Change	Addition
NAME				6.2 NAM						
STREET ADDRESS	•			6.3 S1H	ėt I A	ADDRESS				
CITY-ST-ZIP		.t., 211, as 2 - 702	777	6.4 CITY	/- \$1·	- ZIP				

1. oo nereby certify that the information supplied with this filing closs 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 in Block 13 is changed or on an attachment with an address.

\_\_\_\_\_

4/12/02

9547812918