## 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** 

(3)

## DOCUMENT # L55352

D.B.I. MARKETING, INC.

## **FILED** May 09 1997 8:00am Secretary of State



Principal Prace of Business 13721 S.W. 71ST LANE MIAMI FL 33183		13721 S.W. 7	Mailing Address 13721 S.W. 71ST LANE MIAMI FL 33183-2140			( 1001181) AB2 STICE SHOT WITH STING MAT SAME BEGIN STEIN BYRN STEIN STORY				
							3. Date Incorporated or Qualified 03/05/1990		e of Last 0/1996	
2. Principal F	Prace of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number	4,		Applied For
21		26	26				<b>65-0178781</b> Not Applicable			
Suite, Apt	#, etc.	Suite, Ap	t #, etc.				5. Certificate of Status Desired		•	Additional Required
City & Sta	ite	City & Sta	ate				6. Election Campaign Financing		\$5.0	O May Be
23		28					Trust Fund Contribution	Q		d to Fees
Zφ	Country	Zip		Country			8. This corporation has liability for I	ntangible t	ax under	s. 199.032,
24	25	29		30			Florida Statutes	Yes 🗔	No No	
	g, Name and Address of Cui	rrent Registered Age	nt				10. Name and Address of New Re	lstered A	gent	
	iggs, Charles R.				81	Name				
493	30 S.W. 98TH PLACE			-	82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
ML	AMI FL 33165				-	Oli GOL Mad	inos (i .o. box rambor is not noophab	.0,		
				ľ	83	•				
									1221 37	
				- 1	B4	City		FL	85 Zij	p Code
office or	to the provisions of Sections 607. registered agent, or both, in the Stam familiar with, and accept the of	tate of Florida. Such o	hange was.	authorized	l by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of t the appo	changing sintment a	its registered as registered
SIGNATURE	Storialists typed or preside name of registeror	I about and the it applicable	(NO)	If: Registered	Anar	nt alonature recyl	lifed when reinstating)	DATE		
12.		AND DIRECTORS	(1101	13.	Age.	it alguatore recto	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
THILE	DP		DELETE	1.1 717	LE	<del></del>	71001710170171110000 10 07110	2,101,110	Change	
NAME	RIVERS, DEBORAH L.	_		1.2 NA		ĺ		•		
STREET ADDRESS	10701 CW TICT LAND					ADDRESS				
	MIAMI FL					1				
DOLY-SE-ZP	1116 411 1 6		DELETE	1.4 CIT 2.1 TIT		1-ZIP			Change	Addition
		t.	DELETE			1		Ų	onange	, FTT VOCULOR
NAME				2.2 NA						
STREET ADDRESS			-			ADORESS				
CHIY - ST - ZIF		·····	Torustr	2.401		T-21P			Chang	. I delition
TITLE		L.	) DELETE	3.1 111			•	, I	Change	Addition
NAM:				3.2 NA						
STREET ADDRESS						ADDRESS				
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ዝግብ		L.	_] DELETE	4.1 TIT		- 1	•		Change	e [] Addition
NAML				4. 2 NA						
STREET ADORESS				4.3 51	REET	ADDRESS				
CITY ST 2IP			7	4.4 CIT		1 - ZIP	·····	<del></del>		<b>PP</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		L.	.) DELETE	5.1 111	LE				Change	Addition
NAME				5.2 NA	ME					
\$1REET ADDRESS				5.3 \$10	REET	ADDRESS				
CHY-ST-749				5.4 C/T	Y - ST	r-ZiP				
HILE			DELETE	6 1 TIT	LE				Change	Addition
NAME				6.2 NA	ME					
STREET ACHORESS				6.3 ST	RÉET A	ADDRESS				
CITY - ST - ZIF				6.4 CIT		1				
	the could that the information cur-	aliad with this filing do	oon not qual				ed in Section 119 07(3)(i) Florida Statute	l further	coctify th	at the

not necess certify that the information supplied with this filing does not quality 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 12 or contact the supplemental that my name appears in Block 12 or Block 12 or contact the supplemental that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

BIGNING OFFICER OR DIRECTOR

**SIGNATURE:**