

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M53012 (4)**
1. Corporation Name
DFI FLORIDA, INC.



Principal Place of Business: **3407 NORTHEAST PARKWAY SAN ANTONIO TX 78218**
Mailing Address: **3407 NORTHEAST PARKWAY SAN ANTONIO TX 78218**

3. Date Incorporated or Qualified: **06/01/1987** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **74-2478978** 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 liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **6691 Baymeadow Drive** 2a. Mailing Address: **6691 Baymeadow Drive**
21. Subt. Apt. #, etc.: 26. Subt. Apt. #, etc.:
22. City & State: **Glen Burnie, MD** 27. City & State: **Glen Burnie, MD**
23. Zip: **21060** Country: 28. Zip: **21060** Country: 29. 30.

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSTD <input type="checkbox"/> DELETE
NAME	EGAN, GERALD F.
STREET ADDRESS	6 FENCE CREEK DR.
CITY - ST - ZIP	MADISON CT
TITLE	CD <input type="checkbox"/> DELETE
NAME	BERSTEIN, DAVID H.
STREET ADDRESS	2403 STILL FOREST RD
CITY - ST - ZIP	BALTO MD
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	COURI, JOHN A.
STREET ADDRESS	44 MULBERRY ST.
CITY - ST - ZIP	RIDGEFIELD CT
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President, Asst. Secretary, Director
4.3 STREET ADDRESS	Alfred Carfagna
4.4 CITY - ST - ZIP	23 Ridgewood Drive
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	v.p., Asst. Secretary
5.3 STREET ADDRESS	Carl Reimerdes
5.4 CITY - ST - ZIP	162-14 Cryders Lane
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Beechurst, NY 11357
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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Gerald F. Egan* **Gerald F. Egan** 2/15/96 203-431-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)