

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

FILED

**May 13 1998 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1998

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: **6691 BAYMEADOW DRIVE GLEN BURNIE MD 21060 US**
Mailing Address: **6691 BAYMEADOW DRIVE GLEM BURNIE MD 21060 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-2478978	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
				85 FL		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

Signature type for printed name of registered agent and, if applicable, (N/A) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EGAN, GERALD F.		1.2 NAME	KENNETH HINKLE II			
STREET ADDRESS	6 FENCE CREEK DR.		1.3 STREET ADDRESS	161 OAK HILLS DR			
CITY-ST-ZIP	MADISON CT		1.4 CITY-ST-ZIP	HANOVER, PA			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERSTEIN, DAVID H.		2.2 NAME	LAWRENCE CAPUTO			
STREET ADDRESS	2403 STILL FOREST RD		2.3 STREET ADDRESS	35 OLD WASHINGTON RD			
CITY-ST-ZIP	BALTO MD		2.4 CITY-ST-ZIP	RIDGEFIELD, CT			
TITLE	PASD	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARFORA, ALFRED		3.2 NAME				
STREET ADDRESS	23 RIDGEWOOD DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST READING CT		3.4 CITY-ST-ZIP				
TITLE	VPAS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIMERDES, CARL		4.2 NAME				
STREET ADDRESS	207-01 ESTATE DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	BAYSIDE NY		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	JOHN EDMONDSON			
STREET ADDRESS			5.3 STREET ADDRESS	17 EQUESTRIAN RIDGE RD			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEWTOWN, CT			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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 asterisk.

KENNETH HINKLE II

CR2E034 (10/97)