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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90157 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M53012
 1. Corporation Name
DFI FLORIDA, INC.



Principal Place of Business 6691 BAYMEADOW DRIVE GLEN BURNIE MD 21060 US	Mailing Address 6691 BAYMEADOW DRIVE GLEN BURNIE MD 21060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 GLEN BURNIE, MD
24 Zip Country	29 21060 30 US

3. Date Incorporated or Qualified 06/01/1987	
4. FEI Number 74-2478978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<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 Zip Code FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VT <input type="checkbox"/> DELETE
NAME	HINKLE, KENNETH II
STREET ADDRESS	161 OAK HILLS DR
CITY-ST-ZIP	HANOVER PA
TITLE	S <input type="checkbox"/> DELETE
NAME	CAPUTO, LAWRENCE
STREET ADDRESS	35 OLD WASHINGTON RD
CITY-ST-ZIP	RIDGEFIELD CT
TITLE	PASD <input checked="" type="checkbox"/> DELETE
NAME	CARFORA, ALFRED
STREET ADDRESS	23 RIDGEWOOD DRIVE
CITY-ST-ZIP	WEST READING CT
TITLE	VPAS <input checked="" type="checkbox"/> DELETE
NAME	REIMERDES, CARL
STREET ADDRESS	207-01 ESTATE DR
CITY-ST-ZIP	BAYSIDE NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EDMONDSON, JOHN
STREET ADDRESS	17 EQUESTRIAN RIDGE RD
CITY-ST-ZIP	NEWTOWN CT
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	VSD <input checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	PASD RAMON BOSQUEZ
3.3 STREET ADDRESS	109 A RIVER ST
3.4 CITY-ST-ZIP	NEW CANON, CT
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ASD STEVE LONGDON
4.3 STREET ADDRESS	LITTLEWOOD, PYLE HILL SUTTON GREEN
4.4 CITY-ST-ZIP	NR WORKING SURREY GU220S UK
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V DAVID GRANER
5.3 STREET ADDRESS	3745 SPRING LAKE LN
5.4 CITY-ST-ZIP	OWINGS MILLS, MD
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE:  **KENNETH HINKLE II** 4/29/99 Date **410-787-1414** Daytime Phone #

CR2E034 (1/1/98)

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