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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

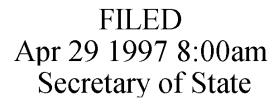
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9200000032 (2)

DP ELECTRONICS, GRAPHICS & DESIGN, INC.



DP HOY	1E CARE SERVICE	+REPAIRS, INC	2.	'N			
Principal Place		Mailing Address	······································		1/4		
601 ELKCAM C	alR	801 ELKCAM CIR					
SUITE B 12		SUITE B 12			j		
MARCO ISLANI US	D FL 34145	MARCO ISLAND FL 34145 US			3. Date Incorporated or Qualified 3a. Date of Last Report		
00		00			10/27/1992	05/01/1996	ı
2. Principal P	ace of Business	26, Mailing Address			4. FEI Number	Applied	d For
11790	HAYWOOD CT.	26 P. O. BOX	1436	<u>39</u>	65-0364952	Not Apr	
Suite, Apt		Suite, Apt. #, etc.		<u> </u>		\$8.75 Additi	
2		27			5. Certificate of Status Desired	Fee Require	ed
City & State		City & State	4.0		6. Election Campaign Financing	\$5.00 May	
MAKCO	SISLAND, FL	28 MARCO ISLA			Trust Fund Contribution	Added to Fed	es
_ Zip ⊐ ′2 00 (100	Country	2934146-1439	Country	<i>y</i> .	8. This corporation has liability fo	r intangible tax under s. 199.	.032,
3414			30			Yes No	
		int registered Agent	61	Name	10. Name and Address of New R	egistereo Agent	
	ISLER, GARY J		Ľ	INDAINE			
	ELKCAM CIR		82	Street A	Address (P.O. Box Number is Not Accepte	ıble)	
	TE #B-12		83	 			···
MAH	CO ISLAND FL 34145			1			
			84	City		FL B5 Zip Code	
1 D vellant	to the provision of Sections 607.05	02 and 607 1609 Florida Ptotuto	n the shou	n named	corporation submits this statement for the		
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was a	uthorized h	v the core	poration's board of directors. I hereby aco	apt the appointment as regis	stered
agent. La	m familiar with, and accept the obli-	gations of, Section 607.0505, Flo	rida Statute	S.			
SIGNATURE		the state of the s			raquired when reinstating)	DAYE	
12.	Signature, typed or purified name of registered ap OFFICERS At	VD DIRECTORS	13.	eur siduarnie	ADDITIONS/CHANGES TO OFF		12
TITLE	.STD	☐ DELETE	1.1 TITLE		P/S/T/O		Additio
AAME .	WEIDNER, DETLEF		1.2 NAME	1	WEIDNER DETLEF		
STREEL ADDRESS	601 ELKCAM CIRCLE PLAZA	B-12	1.3 STREE	T ADDRESS	WEIDNER, DETLEF 1780 HAYWOOD CT.		
CiTY - ST - ZiP	MARCO ISLAND FL		1.4 CITY-:	ST-ZIP	HARCO ISLAND, FL 3	34145	
TILE		☐ DELETE	2.1 TITLE				Additio
YAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
JITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
othe		☐ DELETE	31 TITLE			☐ Change ☐	Additio
IAME			32 NAME	1			
STREET ADORESS			3.3 STREE	T ADDRESS			
City - St - Zip	ı		3.4. CITY -	ST-ZIP		V	
THILE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 TITLE			☐ Change	Age
NAME			4. 2 NAME	:]		17.	<i>'Μ</i>
STREET ADDRESS			4.3 STREE	T ADDRESS		$\sim_{\mathcal{U}}$	ar I
CITY - ST - 7PP			4.4 CITY-	ST-ZIP		~	7.
1:fLt		DELETE	5.1 TITLE			☐ Change ☐	Additio
NAME			5.2 NAME		3000021	51263	
SIKEET ADDRESS			5 3 STREE	T ADDRESS	-05/01/97010	112033	
CHY+ST-ZIP			5.4 CITY-	SY-ZIP	***165.00	Jag QUV	
TITLE		☐ DELETE	6.1 TITLE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change	Additio
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY - \$1 - ZIP			6.4 CITY-				
	and for the information and	ad 4th this tiling door not qualif			tated in Section 119.07(3)(i). Florida Statu	ton I further could, that the	

1. I do hereby certify that the information supplied with this filing dees 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 sygplemental 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 online receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if charged, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-97

941-394-5333