

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

APPROVED
AND
FILED

95 APR 27 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000029828 (8)
1. Corporation Name
D & E SYSTEMS, INC.

Principal Place of Business Mailing Address
**9012 PARAGON WAY
BOYNTON BEACH FL 33437** **9012 PARAGON WAY
BOYNTON BEACH FL 33437**

2. Principal Place of Business 2a. Mailing Address
21 26
State Apt # etc State Apt # etc
22 27
City & State City & State
23 28
Zip County Zip County
24 25 29 30

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 3a. Date of Last Report
04/18/1994 **N/A**

4. FEI Number Applied For
65-0493378 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 § 199.022 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HOLLEY, DONNIE D
9012 PARAGON WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
81 Name
ELAINE M. HOLLEY
82 Street Address (P O Box Number is Not Acceptable)
9012 Paragon Way
83
84 City 85 Zip Code
Boynton Beach FL 33437

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 *Elaine M. Holley* **ELAINE M. HOLLEY** **03/01/95**
(If FEI Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DPV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, ELAINE M	1.2 NAME	
STREET ADDRESS	9012 PARAGON WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL 33437	1.4 CITY, ST, ZIP	
Title	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, ELAINE M	2.2 NAME	
STREET ADDRESS	9012 PARAGON WAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL 33437	2.4 CITY, ST, ZIP	
Title		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
Title		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
Title		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
Title		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073, Florida Statutes. I further certify that the information submitted 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 or authorized 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 as an attachment with an address.

SIGNATURE: *Elaine M. Holley* **ELAINE M. HOLLEY** **03/01/95** **(407) 735-4793**
(Signature of Officer or Director) (Name) (Date) (Registered Phone #)