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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070236 (2)

1. Corporation Name:

DE LUXE INVESTMENT GROUP, INC.

Principal Place of Business:

2309 APALACHEE PARKWAY
TALLAHASSEE FL 32301
US

Mailing Address:

2309 APALACHEE PKWY.
TALLAHASSEE FL 32301
US



2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DILIP KUNTAWALA
2309 APALACHEE PARKWAY
TALLAHASSEE FL 32301

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 612.002 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0605, Florida Statutes.

SIGNATURE

DILIP KUNTAWALA

V. PRESIDENT

APRIL 26TH 1996

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

P
NAME
KUNTAWALA, CHANDRAVADAN
STREET ADDRESS
800 PARTRIDGE LANE
CITY-STATE-ZIP
ALBANY GA

2. TITLE

VS
NAME
KUNTAWALA, DILIP D
STREET ADDRESS
1510 GREY FOX RUN
CITY-STATE-ZIP
TALLAHASSEE FL

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-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)(g), 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 of this report. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILIP KUNTAWALA V. PRESIDENT

APRIL 26TH 1996

DATE

(501) 942-1537

PHONE NUMBER

CR2E034 (12/95)