

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000020347 (7)**

1. Corporation Name  
**DGL SYSTEMS, INC.**



Principal Place of Business: **143 EL DORADO PARKWAY WEST CAPE CORAL FL 33914**  
Mailing Address: **143 EL DORADO PARKWAY WEST CAPE CORAL FL 33914**

3. Date Incorporated or Qualified: **03/13/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0556613**  
Applied For:  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 s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**GEBHARDT, MAURICE R  
143 EL DORADO PARKWAY WEST  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
I, \_\_\_\_\_, Secretary of State, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DPT GEBHARDT, MAURICE R 143 EL DORADO PARKWAY WEST CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	DS LADD, JON W 143 EL DORADO PARKWAY WEST CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	DV DENNING, RONALD D 143 EL DORADO PARKWAY WEST CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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16. TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(x), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name as appears in Block 12 or Block 13 if changed, or on an attachment, is an address.

SIGNATURE: **Maurice R. Gebhardt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-1935 941-639-2410  
Date Time Phone #

CR2E034 (12/95)