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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028968 (2)

D.V.R., INC.

## FILED May 29 1997 8:00am Secretary of State



Principal Plac	rincipal Place of Business Mailing Address			1 (BECKERN 119 1914) BILLY BUILY BUILY BUILY BUILD BOILD 1818 1818 1818 1818 1818 1818 1818 18				
2955 FLORIDA BOULEVARD 2955 FLORIDA BOULEVARD								
#B Del ray fl s	Y34R3	#B DEL RAY FL 33483-4622						
PER THE C		SEE INT 15 SOUND TOSE			3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Repo 04/01/1996	ort .	
2. Principal P	Place of Business	2a. Mailing Address	T1.	· 00. 01.	4. FEI Number	Applie		
21 295	5 A Florion BUD		FIOR	ion Blue	APPLIED FOR	Not Ap		
22 Del	CAY BEACH FT.	Suite, Apl. # etc.			5. Certificate of Status Desired	See Requi	red	
23 <b>3</b> 34	183	28 DO Ph	Beni	小Fl.	Election Campaign Financing     Trust Fund Contribution	\$5.00 Ma Added to F		
Zip	102 - Soundry Rad	377102	c/9	Was Rouse	8. This corporation has liability for in		9.032,	
24 334	13  25  17   YI CERT	29 32783	30 /	41111 perce		Yes No		
LAMPI	9. Name and Address of Current	Hedistelen Agent		81 Name	10. Name and Address of New Reg	istereo Agent		
	ISSMAN, HAROLD							
1776 PINE ISLAND RD. SUITE 115				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	INTATION FL 33322			83				
				84 City		85 Zip Cod	lo	
				'		FL		
11. Pursuant	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607, 1508, Florida Statu f Florida, Such change was	utes, the at	pove-named cor	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its re	gistered istered	
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, F	lorida Stat	utes.		the appearance as log	1010700	
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. This	116 - Bonieroen	1 Agent signature requ	irad whan reinstatura)	DATE		
12,	OFFICERS AND		13.	з ээралк энриксин гиди	ADDITIONS/CHANGES TO OFFICE		V 12	
TITLE	D	DELETE	1.1 ]]	TLF		Change	Addition	
NAME	RUBINO, VINCENT		1.2 N/	AME				
STREET ADDRESS	DELDAY EL DOAGO		1.3 \$1	REET ADDRESS				
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TITLE			2.1 70	l l		☐ Change	_] Addition	
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CITY-ST-ZIP				ITY-SI-ZIP				
TITLE			3.1 TI			Change	Addition	
NAME			3.2 N/	ME				
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TITLE		☐ DELETE	411)	- 1		Change	_] Addition	
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NAME OTOGET APPROPRIE			6.2 N/	ľ	80000220 -06/06/970100	3n35 PE	•	
STREET ADDRESS				REET ADDRESS	***165.00	5.2	9	
CITY-ST-ZIP	hy cortifu that the information symplical	with this filing doos not aug		TY-SI-ZIP	nd in Section 119.07/3\(\text{Vi)}\) Elevida Statutes	I further cortify that the	/	

I do hereby certify that the information supplied with this filling 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 profit 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 of the receiver or trustee 4 mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

CLAW DELVE SEL CHARLES