SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000030011 (7)**

1. Corporation Name
D & L CONSULTING, LTD. INC.

Principal Place of Business
1965 SW 10 ST
BOCA RATON FL 33486

Mailing Address
1965 SW 10 ST
BOCA RATON FL 33486

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1001 S.W. 2nd Ave
Suite, Apt #, etc: 22 Suite 3115
City & State: 23 Boca Raton, Fl
Zip: 24 33432 Country: 25 U.S.

2a. Mailing Address
26 1001 S.W. 2nd Ave
Suite, Apt #, etc: 27 Suite 3115
City & State: 28 Boca Raton, Fl
Zip: 29 33432 Country: 30 U.S.

4. FEI Number: 65-05-78654 — 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

9. Name and Address of Current Registered Agent
COSENZI, DIANE S
1965 SW 10 ST
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name: Multi Media Paralegal
82 Street Address (P.O. Box Number is Not Acceptable): 515 Sea Breeze Blvd
83 Suite 508
84 City: Ft Lauderdale FL 85 Zip Code: 33316

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: X Kathleen Martens, President — July 8/96
Signature of President or Other Officer Name of Registered Agent and Title if applicable (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President + Treasurer	☐ Change ☑ Addition
1.2 NAME	George David	
1.3 STREET ADDRESS	2320 Chestnut Court	
1.4 CITY-ST-ZIP	Pembroke Pines 33026	
2.1 TITLE	DIANE Cosenzi	☑ Change ☐ Addition
2.2 NAME	1965 SW 10th St	
2.3 STREET ADDRESS	Boca Raton, FL	Secretary
2.4 CITY-ST-ZIP	33486	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] July 8, 1996 (407)367-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone