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

PROFIT CORPORATION ANNUAL REPORT



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

1996

CITY - ST - ZIP

P95000059738 (1)

1. Corporation	MENT # P9500 DLD, INC.	00059738 (1)			
Principal Place	of Business	Mailing Address				
6467 PARKLAND DRIVE 6467 PARKLAND DRIVE SARASOTA FL 34243 SARASOTA FL 34243						
				3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1995		
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		65-060\681 Not Applicable		
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
City & State		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,		
.4	25	29	30	Florida Statutes 🔀 Yes 🔲 No		
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent		
			81 N	lame		
BRITT, HARRY W			82 S	82 Street Address (P.O. Box Number is Not Acceptable)		
6467 PARKLAND DRIVE						
SARASO)TA FL 34243		83			
			84 C	FL 85 Zip Code		
	Signature, typed or printed name of registered age			greturo required when relinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICERS AI	ND DIRECTORS	13. 1 1 TITLE	Change Addition		
NAME	BRITT, HARRY W		1.2 NAME	ONDOGW BRITT		
STREET ADDRESS	6467 PARKLAND DRIVE		1.3 STREET ADD	DRES LALGT PARKLAND DK.		
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY - ST - ZI	20203		
TITLE		☐ DELETE	2. 1 TITLE	Change Addition		
NAME			2 2 NAME	MICHAEL BRITT DRIVE 6467 PARKLAND DRIVE		
STREET ADDRESS			2 3 STREET ADO	DRESS 6467 PARKLAND DRIVE		
CITY-ST-ZIP			2 4 C(TY - ST - 7			
TITLE		☐ DELETE	3 1 TITLE	Change Addition		
NAME			3 2 NAME	DARREN BRITT DRIVE 6467 PARKLAND DRIVE		
STREET ADDRESS			3.3. STREET AD	DRESS 6467 PHKKCF		
CITY-ST-ZIP		□ DECETE	3.4 CrTY - ST - Z	SARASOTA FL 34243		
TITLE		☐ DELETE	4 1 TIFLE	S/T Change DAddition		
NAME OTDEET ADDRESS			4.2 NAME 4.3 STREET ADD	VANESSA STULL ORIUG 6467 PARKLAND ORIUG		
STREET ADDRESS			4.4 CHY-ST-Z			
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE	Change Addition		
NAME			5.2 NAME	<u>_</u>		
STREET ADDRESS			5.3 STREET ADI	DRESS		
CITY-ST-ZIP			5.4 CITY - ST - Z	NP N		
TITLE		☐ DELETE	6. 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADS	ORESS		

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)(i-), 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 if chaperd, or on an attachment with an address. VPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVICE DE DIRECTOR

DE DIRECTO SIGNATURE:

6.4 CITY - ST - ZIP

CR2E034 (12/95)