

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000062090 (2)

1. Corporation Name
DPI TECHNOLOGIES, INC.

Principal Place of Business

P.O. BOX 677282
ORLANDO FL 32867-7282

Mailing Address

P.O. BOX 677282
ORLANDO FL 32867-7282



3. Date Incorporated or Qualified
06/02/1995

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVIS, KATHERINE E
10346 ARBOR RIDGE TRAIL
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signer's typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KATHERINE E	1.2 NAME	N/A
STREET ADDRESS	10346 ARBOR RIDGE TRAIL	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZO, CARMELA	2.2 NAME	N/A
STREET ADDRESS	3232 S. DORCHESTER DRIVE	2.3 STREET ADDRESS	N/A
CITY-ST-ZIP	DELTONA FL 32738	2.4 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETLEY, BARBARA	3.2 NAME	N/A
STREET ADDRESS	3232 S. DORCHESTER DRIVE	3.3 STREET ADDRESS	N/A
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MERRY LYNNE	4.2 NAME	N/A
STREET ADDRESS	P.O. BOX 7009	4.3 STREET ADDRESS	N/A
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:

Katherine E Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 (407) 273-3563
Date Daytime Phone

CR2E034 (9/96)