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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065028 (9)

D & J LIMITED, INC.

FILED Apr 18 1997 8:00am Secretary of State

Principal Pace of Business Mailing Address 20 CAROL ROAD 20 CAROL ROAD ORMOND BEACH FL 32176 ORMOND BEACH FL 32176-3541									
						3. Date Incorporated or Qua 08/22/1995		ate of Last F	leport
	Pace of Business	<i>~</i> /	2a. Mailing Address			4. FEI Number			oplied For
21 / 0 / Suite Apt	MAGNOLIA	STRAIT	26 /D MAGA Suite, Apt. #, etc		there	59-3332258			ot Applicable Additional
22	,		27	•		Certificate of Status Desired	ed 🗀		equired
City & Stat	LER Beach,	FL	City & State 28 FLAGLER Zip	Beach	FL	Election Campaign Financ Trust Fund Contribution	cing	7	May Be to Fees
						8. This corporation has liabil			. 199.032,
24 32/3	9. Name and Addi	rela of Current	29 32/34 Registered Agent	30	LAGUR	Florida Statutes 10. Name and Address of N	Yes		
FNC	MINGER, DANIEL D		riogiotolog rigoti		81 Name	10. 112114 4114 7144 50		rigetti	
20 0	CAROL ROAD				82 Street	Address (P.O. Box Number is Not Ac	nontable)		
	AOND BEACH FL 32	176			GZ Street	Address (F.O. box Northber is Not Ac	Ceptable)		
					83				
					84 City			85 Zip	Code
					<u> </u>	corporation submits this statement for	<u>FL</u>	<u>. </u>	
office or r agent 1 a	registered agent, or bo am famil är with, and ac	cept the obligation	ions of, Section 607.050	05, Florida Sta	tutes.				
office or agent. La SIGNATURE 12.	Styler one type of or prioted na		and tire if applicable	(NOTE: Registere	d Agent signaturo	required when reinstating) ADDITIONS/CHANGES TO	OATE OFFICERS AND	D DIRECTOR	RS IN 12
office on agent 1 a SIGNATURE	Separate types or printed nav	nie of registered agen OFFICERS AND	and tice if applicable	(NOTE: Registere	d Agent signaturo	required when reinstating) ADDITIONS/CHANGES TO	OATE OFFICERS AND		
office on agent. La SIGNATURE 12.	Styler one type of or prioted na	nie of registered agen OFFICERS AND	and tire if applicable	(NOTE Registers 13. TE 1.1 TI 1.2 N	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR	RS IN 12
office on agent 1 a signATURE SIGNATURE 12. III.F	PD ENSMINGER, BAR	me of registered agen OFFICERS AND	and tire if applicable	(NOTE Registere 13. TE 1.1 T 1.2 N 1.3 S	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR	RS IN 12
office on agent 1 a SIGNATURE 12. III.F MAY: SIRH MORES	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD	nie of registered agen OFFICERS AND BARA J FL 32176	and tire if applicable	(NOTE: Registers 13. TE 1.1 T 1.2 N 1.3 S 1.4 C	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR	RS IN 12
office or agent 1 a SIGNATURE 12. 10.F MAV* SIRF MORUS CID'-51 ZE FILE HAMI	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN	nie of registered agen OFFICERS AND BARA J FL 32176	and tice if applicable DIRECTORS DELET	(NOTE Registers 13. 1.2 1.3 1.4 C 1.1 T 1.2 1.4 C 1.4	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR	RS IN 12
office or agont 1 a SIGNATURE 12. 10.F NAV* SIPH ACCRESS CIO+S1-ZIP HULL HAMF SPRELLADORESS	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tice if applicable DIRECTORS DELET	INOTE Registers 13. TE 11.11 1.2N 1.3S 1.4C TE 21.17 22.N 2.3S	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR	RS IN 12
office or agent 1 a SIGNATURE 12. ULF NAV* SIPH ACCRESS CIDY-S1 ZIP HULL HAMI SPRET ACCRESS CIDY-S2 ZIP	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN	DEL D	and tick if applicable DIRECTORS DELET	INOTE: Registers 13. TE 11.TI 1.2N 1.3S 1.4C TE 21.TI 22.N 2.3S 2.4 C	ITLE AME TREET ADDRESS ITY - ST - ZIP ITLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND	D DIRECTOR	RS IN 12 Addition Addition
office or agont 1 a SIGNATURE 12. ULF NAV* SIPH ACRESS CRY-S1 ZP FOUR NAM* STREEL ACCRESS CRY-S2 ZP TOTE TOTE TOTE TOTE TOTE TOTE TOTE TOT	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tice if applicable DIRECTORS DELET	INOTE Registers 13. TE 11.TI 1.2N 1.3S 1.4C TE 21.TI 22.N 2.3S 2.4(TE 3.1.TI	d Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ZITY-ST-ZIP ITLE	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change	RS IN 12
office or agont 1 a SIGNATURE 12. 10.F NAV* SIPH ACCRESS CID: \$1 ZP* THU HAMI SPRET ACCRESS CID: \$2 ZP*	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET	INOTE Registers 13. TE 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C TE 3.1 T 3.2 N	d Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ZITY-ST-ZIP ITLE	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change	Addition
office or agont 1 a SIGNATURE 12. ULF NAV* SIPH ADDRESS CITY ST ZIP FILE RAM* STREEL ADDRESS CITY ST ZIP ULE HAM*	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET	INOTE Registers 13. TE 1.1T 1.2N 1.3S 1.4C TE 2.1T 2.2N 2.3S 2.4C TE 3.1T 3.2N 3.3S	d Agent signature ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE AME AME AME AME AME AME	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change	RS IN 12 Addition Addition
office or agont 1 a SIGNATURE 12. ULF NAV* SIPH MORESS CRY-51 ZP FILE RAMT STREEL MODERSS CRY-52 ZP TILE NAME STREEL ADDRESS	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET	INOTE Registers 13. TE 11.T 12.N 13.S 14.C 21.T 22.N 23.S 24.C 31.T 32.N 33.S 34.C 34.C 33.C 34.C 34	ITLE AME TREET ADDRESS TITY-S1-ZIP TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change	RS IN 12 Addition Addition
office or agont 1 a SIGNATURE 12. 10.F NAV* SIPH ADDRESS CITY-ST ZIP 10.F NAM* STREEL ADDRESS CITY-ST ZIP 10.F NAM* STREEL ADDRESS CITY-ST ZIP 2. CONTRACTOR	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tire if applicable DIRECTORS DELET DELET	INOTE Registers 13. TE 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4 C	ITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	O DIRECTOF Change Change Change Change	RS IN 12 Addition Addition Addition
Office or agont 1 a SIGNATURE 12. 10.4 10.4 10.5 10.5 10.6 10.7 10.7 10.7 10.7 10.7 10.7 10.7 10.7	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tire if applicable DIRECTORS DELET DELET	INOTE Registers 13. TE 1.1 II 1.2 N 1.3 S 1.4 C 1.4 C 2.1 II 2.2 N 2.3 S 2.4 C 3.1 II 3.2 N 3.3 S 3.4 C TE 4.1 II 4.2 P	ITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TITY-S1-ZIP TITLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	O DIRECTOF Change Change Change Change	RS IN 12 Addition Addition Addition
office or agent 1 a signature 12. 11. 12. 11.F NAV: SIPH ADDRUS CITY-ST ZIP FILE NAME SHEET ADDRESS CITY-ST ZIP TITE NAME SHEET ADDRESS CITY-ST ZIP	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET DELET DELET	INOTE Registers 13. TE 1.1 TI 1.2 N 1.3 S 1.4 C 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C TE 4.1 T 4.2 P 4.3 S	ITLE AME ITREET ADDRESS ITY-S1-ZIP ITLE ITTY-S1-ZIP ITLE ITLE ITTY-S1-ZIP ITLE ITTY-S1-ZIP	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change Change Change Change	Addition Addition Addition
office or agont 1 a signature 12. 112. 113. 114. 125. 114. 126. 127. 128.	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tire if applicable DIRECTORS DELET DELET	INOTE Registers 13. IE 1.1 II 1.2 N 1.3 S 1.4 C IE 2.1 II 2.2 N 2.3 S 2.4 (3.1 II 3.2 N 3.3 S 3.4 C IE 4.1 II 4.2 II 4.3 S 4.4 C IE 5.1 II	IT Agent signature ITLE AME ITREET ADDRESS ITY - ST - ZIP ITLE AME ITREET ADDRESS ITY - ST - ZIP ITLE AME ITREET ADDRESS ITY - ST - ZIP ITLE I	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	O DIRECTOF Change Change Change Change	RS IN 12 Addition Addition Addition
office or agent 1 a signature 12. 112. 113. 114. 125. 114. 126. 127. 128.	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET DELET DELET	INOTE Registers 13. TE 1.1.TI 1.2.N 1.3.S 1.4.C 1.4.C 1.4.C 2.1.T 2.2.N 2.3.S 2.4.C 3.1.T 3.2.N 3.3.S 3.4.C 4.1.T 4.2.P 4.3.S 4.4.C TE 5.1.T 5.2.N	IT Agent signature ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE ITLE	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change Change Change Change	Addition Addition Addition
office or agont 1 a signature 12. 112. 113. 114. 125. 114. 126. 127. 128.	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET DELET DELET	INOTE Registers 13. IE 1.1 I 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 1 1.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C TE 5.1 T 5.2 N 5.3 S	IT Agent signature TITLE AME TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP TITLE TREET ADDRESS ITY-ST-ZIP TITLE TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE AME	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change Change Change Change	Addition Addition Addition
office or agent 1 a signature 12. 11. 12. 11. NAV: SIBH ADDRUS CITY ST ZB: 1-(U) NAMI SIBET ADDRUS CITY ST ZB: HITE NAMI SIBET ADDRUS CITY ST ZB: 1-(U) NAMI SIBET ADDRUS CITY ST ZB: HITE NAMI SIBET ADDRUS CITY ST ZB: HITE NAMI SIBET ADDRUS CITY ST ZB: HITE NAME	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	and tick if applicable DIRECTORS DELET DELET DELET	INOTE Registers 13. TE 1.1.TI 1.2.N 1.3.S 1.4.C 1.4.C 1.4.C 2.2.N 2.3.S 2.4.C 3.1.T 3.2.N 3.3.S 3.4.C 1.6.C	IJ Agent signature DILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE TREET ADDRESS ITY-ST-ZIP TILE TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE TREET ADDRESS TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	D DIRECTOR Change Change Change Change	Addition Addition Addition
Office or agent 1 a signature 12. 112. 113. 114. NAVE SIPH ACORDS CITY ST ZIP FIRE NAME SIREET ACORDS CITY ST ZIP	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	DIRECTORS DELET DELET DELET DELET	INOTE Registers 13. IE 1.1 II 1.2 N 1.3 S 1.4 C IE 2.1 II 2.2 N 2.3 S 2.4 II 3.2 N 3.3 N 3.4 C IE 4.1 II 4.2 N 4.3 S 4.4 C IE 5.1 II 5.2 N 5.3 S 5.4 C	IT Agent signature TITLE AME TREET ADDRESS ITY-SI-ZIP TITLE AME TREET ADDRESS CITY-SI-ZIP TITLE AME TREET ADDRESS CITY-SI-ZIP TITLE TREET ADDRESS TY-SI-ZIP TITLE TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	Change Change Change Change Change	Addition Addition Addition Addition Addition
office or agent 1 a signature 12. 112. 113. 114. NAVE SIRE ACORDS CITY STORE THE NAME STREET ACORDS CITY STORE THE TACORDS CITY STORE THE	PD ENSMINGER, BAR 20 CAROL ROAD ORMOND BEACH STD ENSMINGER, DAN 20 CAROL ROAD	DEL D	DIRECTORS DELET DELET DELET DELET	INOTE Registers 13. IE 1.1 II 1.2 N 1.3 S 1.4 C IE 21 II 22 N 2.3 S 2.4 II 3.2 N 3.3 N 3.4 C IE 4.1 II 4.2 N 4.3 S 4.4 C IE 5.1 II 5.2 N 5.3 S 5.4 C IE 6.1 II 6.2 N	IT Agent signature TITLE AME TREET ADDRESS ITY-SI-ZIP TITLE AME TREET ADDRESS CITY-SI-ZIP TITLE AME TREET ADDRESS CITY-SI-ZIP TITLE TREET ADDRESS TY-SI-ZIP TITLE TREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO PO ENSMINGER, BARB	OFFICERS AND	Change Change Change Change Change	Addition Addition Addition Addition Addition