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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000081985 (0) DOCUMENT #

1. Corporation Name

DBH ENTERPRISES, INC.

Mailing Address



11453 NW 39TH COURT #314 CORAL SPRINGS FL 33065		11453 NW 39TH COURT #314 CORAL SPRINGS FL 33065				
				3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last Re	port
6 Districtional Dispos	o of Rusinoss	2a. Mailing Address	1 1	4. FEI Number	, A	pptied For
2. Principal Place		126 10343 ROYAL	PALM BLUD.	65-061360	N	ot Applicable
Suite, Apt. #.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional equired
City & State	L	Ctu & State	was FlorioA	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zp 330	Country A	ZID ZON C.	Country SA	 This corporation has liability for 	intangible tax under s s No	199.032.
3 20	9. Name and Address of Current		30]	10. Name and Address of New I		
	9. Name and Address of Corrent	negistered Agent	81 Name			
DI IDMA	DELINIC				L.(a)	
BURNS, DENNIS			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
	IW 39TH COURT #314		83			
CURAL	SPRINGS FL 33065		••			
			84 City		EI 85 Zip	Code
				the this statement for the ru	reacce of changing its re	enistered offic
or registered familiar with	d agent, or both, in the State of Florid. , and accept the obligations of, Sectic	a. Such change was authorized on 607.0505, Florida Statutes.	by the corporation's box	oration submits this statement for the puaird of directors. I hereby accept the app		-3
SIGNATURE					DATE	
SIGNATURE	ignature, typed or printed name of registered agent a	and life if applicable. (NCTE	Registered Agent signature requi	red when reinstating!	DATE	RS IN 12
SIGNATURESI	ignature: typed or printed name of registered again a OFFICERS AND	and lite if applicable. [NOTE] DIRECTORS	Rigistered Agent signature requi		DATE	RS IN 12
SIGNATURESI	ignature typed or printed name of registered agont a OFFICERS AND	and life if applicable. (NCTE	Registered Agent signature requirements 1.1 TiTLE	red when reinstating!	DATE FICERS AND DIRECTO	
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Too nereby certify that the information supplied with this limit is voluntarily furnished and odes not qualify for the exemption stated in deciding 1907, Florida Statutes; notice activity that the information indicated on this annual report or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or dijector 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.

BULL SIGNING OFFICER OF DIRECTOR

954) 453-8231