

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000096999 (4)	
1. Corporation Name D.L.D. MARKETING, INC.	



Principal Place of Business 3789 GOLDEN POINTE DR AVENTURA FL 33180	Mailing Address 3789 GOLDEN POINTE DR AVENTURA FL 33180-3781
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 07/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3366594 65-0637930	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent NEWMAN, MITCHELL 3789 GOLDEN POINTE DR AVENTURA FL 33180		10. Name and Address of New Registered Agent	
11. Name		12. Street Address (P.O. Box Number is Not Acceptable)	
13. City		14. Zip Code	

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 understand and will, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		NOTE: Registered Agent's signature required when reinstating.		DATE	
12. OFFICERS AND DIRECTORS					
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14. I, the undersigned, certify that the information supplied in this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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; that I am a registered 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 from an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone: _____
0243892