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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. A orthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004443 (3)

DFL HOLDINGS, INC.

FILED Jun 03 1997 8:00am Secretary of State



Principal Place of	Mailing Add	ress							
3001 NE 20TH WAY GAINESVILLE FL 32909		3001 NE 201 Gainesvilli		350					
						3. Date Incorporated or Qualified 01/10/1996	3a. Date of	Last Rep	port
2. Principal Place	of Business	2a. Mailing A	Address			4. FEI Number 59 - 335644°	a		lied For
21	1	[26]	. # sts			34- 333611			Applicable
Suite, Apt. #, 6	NG.	Suite, Ap	it. #, etc.			5. Certificate of Status Desired		3.75 Ad Fee Req	
City & State	**	City & St	ato		· · · · ·	6. Election Campaign Financing		5.00 N	
23		28				Trust Fund Contribution		Added to	,
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible tax u	nder s.	199.032
24	25	29		30			Yes 🗶 No		
	9. Name and Address of Curr	ent Registered Age	ent	81	Name	10. Name and Address of New Re	gisterea Agen	<u> </u>	
	IT, KENNETH J				Name				
	E 20TH WAY			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
GAINE	SVILLE FL 32609			83					
								I	
•	1 1 1			84	City		FL 85	Zip Co	ode
office of regit agent. I am fi SIGNATURE		agent and talled applicable				oration's board of directors. I hereby acceptions are supported when reinstating)	DATE.	ent as re	>gistered
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
TITLE] DELETE	1.1 10116		PRESIDENT FICKETT, KENNET 3001 NE 2012 WI GAINESVILLE, FI 3;	,,' <u> </u> □ □	hange	Addition
NAME				1.2 NAME].	FICKETT NEWNEN	4 V		
STREET ADDRESS				1.3 STREET	ADDRESS .	3001 NE 20 - 10.	100		
CITY-ST-ZIP TITLE			DELETE	1.4 CITY - S 2 1 TITLE	1- ZIP	GAINES VILLE, FI 5.	4601	hange	Addition
NAME] better	2.2 NAME	j		L U	nange	AOGILION
STREET ADDRESS				2.2 NAME 2.3 STREET	ADDIBLES				
CITY-ST-ZIP				2.3 STREET	1				
TITLE		Т	DELETE	31 THLE			□ C	hange	Addition
NAME				3.2 NAME					
STREET ADDRESS		•		3 3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. OTY-1	ST-ZIP				
TITLE] DELETE	4 1 TITLE			[_] C	hange	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-SY-ZIP TITLE			DELETE.	4.4 CITY - S	1 - ZIP			hange	Addition
NAME		Ļ	DULETE.	5.1 TITLE 5.2 NAME	. \		L 6	naryc	
STREET ADDRESS				5.3 STREET	AUUBESS				
CITY-ST-ZIP				5.4 CITY-S	į				
TITLE			DELETE	6.1 TITLE				hange	Addition
NAME		_	_ ··-	6 2 NAME			_ •	v -	
STREET ADDRESS				63 STREET	AODRESS				
CITY-ST-ZIP				64 CITY - S	1				
							·		

I do hereby certify that the information indicated on this ennual am an officer or director of the coappears in Block 12 or Block 13 f with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the parameter and that my signature shall have the same legal effect as if made under oath; that he received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Ul 3/01

1262) 377-4146