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FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000040570 (9)

1. Corporation Name

DLP HOLDINGS, INC.

Principal Place of Business

800 BRICKELL AVE  
SUITE 550  
MIAMI FL 33131

Mailing Address

800 BRICKELL AVE  
SUITE 550  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

APPLIED FOR 65-06663910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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 Name and Address of Current Registered Agent

29 Name and Address of New Registered Agent

YANOWITCH, PETER J  
800 BRICKELL AVE  
SUITE 550  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, 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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME CHAUVIER, DANNY

1.2 NAME

STREET ADDRESS 48801 NW 4TH ST

1.3 STREET ADDRESS

2363 S. OCEAN BLVD

CITY-ST-ZIP SUNRISE FL 33325

1.4 CITY-ST-ZIP

HIGHLAND BEACH, FL 33487

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VORBRICH, LARRY

2.2 NAME

STREET ADDRESS 13801 NW 4TH ST

2.3 STREET ADDRESS

1130 FAIRFAX LANE

CITY-ST-ZIP SUNRISE FL 33325

2.4 CITY-ST-ZIP

WESTON, FL 33326

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME YANOWITCH, PETER J

3.2 NAME

STREET ADDRESS 800 BRICKELL AVE SUITE 550

3.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33131

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I 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:

*[Signature]*

4/28/98

954 846 8300

CR2E034 (10/97)