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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000072054 (5)

DLB ENTERPRISES. INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



4409 N.E. 5TH OAKLAND PAR						N.E. 5TH TO LAND PARK		-2305										
												3. Date Incorporated or Qual 08/20/1996	ified	3a. Dai	e of La	ast Re	eport	
2. Principal Pl	lace of Busin	oss			7	Mailing Addr	ess					4. FEI Number (05-070387	7	<u> </u>	_		plied For	
Suite, Apt.	# 010			26		Suite, Apt. #,	nto.					63-010700					t Applicable	
22 Soite, Apr.	#, BIÇ.			27	· ¬	suite, Apt. #,	etc.					5. Certificate of Status Desire	d				dditional quired	
City & State 23	ity & State			28	City & State					6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F								
Zip 24		25	ountry		Z (p Country 30							8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
			ddress of Curre	ent Reg	iste	red Agent			041	Nlam		10. Name and Address of Na	w Re	gistered A	gent			
	RBELLA, DO								81	Nami) 		_		_			
4409 N.E. 5TH TERRACE OAKLAND PARK FL 33334							82	Stree	t Addre	dress (P.O. Box Number is Not Acceptable)								
•									83		_							
									84	City			····-		85	Zip (ode	
44 Durament 6	to the provin	000.0	Sections 607 OF	.02 ppd	LEOT	7 1EOR Floris	to Statute	on the r	hous		d corn	oration submits this statement for	tho n	FL	obana.	na ite	rogintorod	
office or re	egistered ag	ent, o	r both, in the Sta	le of Fic	orida	. Such chan	ge was a	uthoriza	ed by	the co	rporation	on's board of directors. I hereby	accep	t the appo	intmer	nt as i	registered	
SIGNATURE	Dsz.	1	L'IA	ella	ol, a	50000011 6 07.	0505, FIC	nua ota	uutes	٠.			4	1-23	-9	7		
	Signature, type	print	ed name of registered a				(NO)I		d Age	nt signatu	re require	d when reinstating)						
12.			OFFICERS A	ND DIR	ECT		i tic	13.			T-70	ADDITIONS/CHANGES TO	OFFIC					
TITLE NAME						☐ DE	LEIL	1.1 T	IILE IAME		70	17/5/D Aglas L Burballa INE 49 street Lunderdale FC 33		l	Cha	nge	X Addition	
STREET ADDRESS										ADDRESS	23	INE 49 street						
CITY-ST-ZIP									HY-S		F4	Lundendale FL 33	34					
TITLE	***************************************					DE	LETE	211			<u> </u>		· /-		Cha	nge	Addition	
NAME								2.2 F	IAME									
STREET ADDRESS	ss			2.3 \$1			2.3 STREET ADDRESS											
CITY-ST-ZIP									CHTY-S	T-7P	<u> </u>							
TITLE		•				DE	LETE	3.11						ļ] Cha	nge	Addition	
NAME									VAME									
STREET ADDRESS	1									ADDRESS								
CITY-ST-ZIP TITLE						DE	LETE	4,11	CITY - S	51-21F	 -				Cha	nge	Addition	
NAME						_			NAME									
STREET ADDRESS								438	STREET	ADDRESS	.							
CITY-ST-ZIP								4.4 0	OTY-S	T- Z)P	<u> </u>							
TITLE					2	☐ DE	LETE	5.1 1	ITLE						Cha	nge	Addition	
NAME									AME									
STREET ADDRESS										ADDRESS								
CITY-ST-ZIP						DE	LETE		HY-5	1- <u>ZIP</u>					Cha	nge	Addition	
TITLE NAME						L., DL		6.11	NAME		-				LII CIIO	ngv	AUGMON	
STREET ADDRESS										ADDRESS								
CITY-ST-ZIP									HTY-S									
14 Lab barah		100 00						- 010	3		1	1 0 - 1 - 140 07(0V) Florido	1 - 1 - 1	17 11		45 -4 4	<u></u>	

4. I do 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 receivor 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.

CIGNATURE TO SAL

41-2297

OCH 773 OKA