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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076902 (1)

DPS ENTERPRISES, INC.

Principal Plac 5311 5TH AVE NAPLES FL 341	₩	Mailing Address 5311 5TH AVE NW NAPLES FL 34119-1404	311 5TH AVE NW				
					3. Date Incorporated or Qualified 09/13/1996	3a. Date of Las	st Report
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	-		59-3404172		Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22 City & State		City P. Ctoto	City & State		Fee Hequired		
23 Country			28		6. Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
	Country	Zip)	Country	,	8. This corporation has liability for		
24	25	29	30		· 1	Yes No	or 8. 199.032,
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
LEHMAN, CHARLES C				Name			
	N TAMIAMI TRAIL, SUITE 201		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
NAPI	LES FL 34103				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			83				
			84	City		85 2	Zip Code
44 5		00 1007 1500 E1 11 01		l	poration submits this statement for the p	FL 85 6	
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature: typod or printed name of registered a	gations of, Section 607.0505, Fi	lorida Statute	s.	lion's board of directors. I hereby accepted when reinstating)	ot the appointment	as registered
12.		ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D CADI D ID	☐ DELETE	1.1 TITLE			Chan	ge L. Addition
NAME	ENGLAND, CARL P JR 5311 5TH AVE NW		1.2 NAME				
STREET ADDRESS	NAPLES FL 34117		ı	ADDRESS			
CITY-ST-ZIP TITLE	THE LEGIC OF THE	☐ DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP		Chan	ne Addition
NAME		Steele	2.2 NAME			L Crian	ge [_] Addition
STREET ADDRESS			2.3 STREET	ADDRESS	*:	184	
CITY-ST-ZIP			2.4 CITY -				
TITLE	DELETE		31 TITLE			Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	S1 - 71P			
TITLE	DELETE		4.1 TITLE			☐ Chan	ge Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	31 - ZIP			
TITLE	L DELETE		5.1 TITLE			L_J Chan	ge L Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
City-St-ZiP		DELETE	5.4 CITY - 5	ST-ZIP			no Addition
TITLE		□ Dett1£	6.1 TITLE			L_J Chan	ige Addition
NAME CTREET ADDRESS			6.2 NAME	ADDRESS			
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	t by certify that the information suppli	ed with this filing does not gual	ify for the exe		d in Section 119.07(3)(i), Florida Statute	s. I further certify t	hal the
informatio	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empoy	true and acci wered to exec	urate and tha	t my signature shall have the same legart as required by Chapter 607, Florida S	l effect as if mado	under oath; that

14/16/27