## 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

DOCUMENT # P9600080953 (8)

D.B.E. ENTERPRISES INC.

## **FILED** May 13 1997 8:00am Secretary of State



Principal Place 712 ALSBROOD PLANT CITY FI	K UNIT 10	Mailing Address 712 ALSBROOK UNIT 10 PLANT CITY FL 33568-68		<del></del>						
					Ĺ	09/27/199	orated or Qualified	3a. D	ate of Last F	Report
2. Principal Place of Business 2a. Mailing Address			44			4. FEI Number	210,10,10	<b>-</b> 1	A	pplied For
	y.Lake Dr.	26 P. O. BOX	465	٥		<u>04-0</u>	HOHO!			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					Status Desired	<b>Z</b>	Fee R	Additional lequired
City & State	City Fl	City & State Plant City	/ FI			Trust Fund C			Added	May Be to Fees
<sup>Zip</sup> 24 335 6	Country 25 Hills borough	Zip 7	Cour 30 Ni	i oradžii	ich	<ol> <li>This corporation</li> <li>Florida Statu</li> </ol>	ition has liability fo ites		e tax under s ∐No	s. 199.032,
24/0000	9. Name and Address of Current		130  41	CINVU	1		Address of New F			
712	VARDS, PATSY ALSBROOK UNIT 10 NF CITY PL 33566			33\C 84 City	Address	Lake	ber is Not Accepta	able)	85 Zip	Code
I office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligations of the state of the obligations of the state of the obligations of the state	of Florida. Such change was tions of, Section 607,0505, F	authorized	ove-named	corpora coration	tion submits this	s statement for the stors. I hereby acc	purpose o	f changing i	Su 7 its registered s registered
	Signature, typed or printed name of registered agen	t and title it applicable. (NO		Agent signature	w beslupet			DATE		
12.	OFFICERS AND	DIRECTORS	13.	. 1	6	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR  Change	RS IN 12
TOLE NAME		L.J OCCETE	1.1 TiT 1.2 NA		Rich	nard Ma	<u>۸</u> ۸		L. Change	TAN MODICION
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CITY - \$1 - 712		17 05: 575		TY-ST-ZIP	Do	ver Fl	33527		1 6	111111111111111111111111111111111111111
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CITY - ST - 71F				Y-ST-2IP				·-·		<del></del>
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NAME			5.2 NA							
STREET ADDRESS			- 4	REET ADDRESS						
CHY-ST-ZIP		DELETE	5.4 CIT	Y-ST-ZIP		·	***************************************		Change	Addition
NAME		L_J DELETE	6.2 NA						CHOINGE	Luj Addition
STREET ADDRESS				reet address						
GITY-ST-ZIP				Y-ST-ZIP						
14. I do herel	by certify that the information supplied	with this filing does not qual			tated in	Section 119.07	3)(i), Florida Statu	tes. I furthe	or certify that	t the