

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000088578 (5)**

1. Corporation Name  
**DCI INVESTMENTS, INC.**



Principal Place of Business <b>3839 RUM ROW NAPLES FL 34102</b>	Mailing Address <b>3839 RUM ROW NAPLES FL 34102-7848</b>
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2. Principal Place of Business <b>21 1170 THIRD ST. SO.</b> Suite, Apt. #, etc. <b>22 C-206</b> City & State <b>23 NAPLES</b> Zip <b>24 FL</b>		2a. Mailing Address <b>26 1170 THIRD ST. SO.</b> Suite, Apt. #, etc. <b>27 C-206</b> City & State <b>28 NAPLES</b> Zip <b>29 FL</b> Country <b>30 COLLIER</b>		3. Date Incorporated or Qualified <b>10/23/1996</b>	3a. Date of Last Report
				4. FEI Number <b>59-3413158</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KEPLEY, RICHARD B 3839 RUM ROW NAPLES FL 34102</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEPLEY, RICHARD B</b>		1.2 NAME	
STREET ADDRESS <b>3839 RUM ROW</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 34102</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>McArdle, David</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>4051 East Main Street</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>St. Charles, IL 60174</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Kelly, Thomas J.</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>311 Kautz Road</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>St. Charles, IL 60174</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Scarlatti, Frank</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>2 Trans Am Plaza, Ste. 200</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Oakbrook Terrace, IL 60181</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Kepley, Richard</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>3839 Rum Row</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Naples, FL 34102</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ Secretary 1/7/97 (630) 584-6580

CR2E034 (9/96)