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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000088578 (5)

DCI INVESTMENTS, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 1170 THIRD ST. SO. 1170 THIRD ST. SO. DO NOT WRITE IN THIS SPACE NAPLES FL 34102 NAPLES FL 34102 3. Date Incorporated or Qualified 10/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 21 Not Applicable 26 59-3413158 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEPLEY, RICHARD B 3839 RUM ROW Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 83 City 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 reinstaling) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE MCARDLE, DAVID 1.2 NAME NAME **4051 EAST MAIN STREET** STREET ADDRESS 1.3 STREET ADDRESS ST. CHARLES IL 60174 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME KELLY, THOMAS J 2,2 NAME STREET ADDRESS 311 KAUTZ ROAD 2,3 STREET ADDRESS ST. CHARLES IL 60174 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE SCARLATI, FRANK NAME 3.2 NAME 2 TRANS AM PLAZA, STE. 200 STREET ADDRESS 3.3 STREET ADDRESS OAKBROOK TERRACE IL 60181 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME KEPLEY, RICHARD 4, 2 NAME 3839 RUM ROW STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP 4,4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change TITLE

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 changes with a 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 changes with a 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 changes with 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 changes with 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 changes with the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

**FILED** 

Feb 09 1998 8:00am

Secretary of State