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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055247 (5)

D.P. & L. ASSOCIATES, INC.

Principal Plac	o of Rusines	Mailing Address			
Principal Place of Business		·			
5206 GEORGE RD TAMPA FL 33634		5206 GEORGE RD TAMPA FL 33634			
				DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		06/24/1997 4. FEI Number	Applied For
21		26		59-3450123	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Statos Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Z _{ip}	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25 Country	29	30	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible
[27]	9. Name and Address of Current		130	10. Name and Address of New Registered	
DE	VITO, NICHOLAS		81 Name		
5206 GEORGE RD		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	MPA FL 33634			,	
			83		
			84 City		85 Zip Code
44 Purcurust	to the provisions of Sections 607.0505	and CO7 15/00 Etarida Statut	on the above parred cor	poration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State of	of Florida, Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
	ım tanınlar wan, and accept the osinga	nons or, accion 607,0505, ri	onda statutes.		
SIGNATURE.	Signature, typical or printed harmoral registered age of	and title it applicable (NO)	t : Registered Agent signature requ	ired whon reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D DOMES MISSION AS	☐ DELETE	1.1 TITLE		Change Addition
NAME OXOGEN ADDRESS	DEVITO, NICHOLAS		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	5206 GEORGE RD TAMPA FL 33634		1.3 STREET ADDRESS 1.4 CHY+ST+ZIP		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	LAFASCIANO, CHARLES N	_	2.2 NAME		
STREET ADDRESS	5206 GEORGE RD		2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	TAMPA FL 33634		2 4 CHY-S1-7IP		
TITLE	D	☐ DELFTE	3 1 1IILE		Change Addition
NAME	POLERA, ANTHONY		3.2 NAME		
STREET ADDRESS	5206 GEORGE RD		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634	DELETE	3 4. CITY - ST - 7IP		Change Addition
TITLE NAME		€ Deter	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	. (4/13	
STREET ADDRESS			5.3 STREET ADDRESS	20 1/1	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		4747
TITLE	e.	☐ DELETE	6.1 7ጠ↓€		Thange Addition
NAME !			6.2 NAME	OBSTANCE OFFICE	79 U

14. Thereby 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 eath; 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.

***150.00