## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S29328 **DOCUMENT #** 

(9)

DRF ENTERPRISES, INC.

Principal Place of Business	Mailing Address



Principal Ptace of Business Mailing Address					. •				
	RD ACH FL 32174	4 WISTERIA ORMOND BE	DRIVE ACH FL 32176						
US						3. Date Incorporated or Qualified	3a. Date		•
						02/04/1991	0	3/14/1	1995
2. Principal Pla	ice of Business	2a. Mailing Add	iress			4. FEI Number			Applied For
!1		26				59-3046627			Not Applicab
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City P. Crate		City & State				& Floation Compaign Financing			·····
City & State		28	;			Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
ZID	Country	7(p)		ountry		8. This corporation has liability for	intangibie ta		
14	25	29	30			1	□No	· Ciras	
<del></del>	g. Name and Address of Currer			T		10. Name and Address of New F	Registered A	gent	
				81	Name	Foundian Dahma I			
FORIAN	ier, debra l			82	D4 1 A -/-	Fournier, Debra L. dress (P.O. Box Number is Not Acceptate	olo)		<u> </u>
	IOVA ROAD			02	Street A00	773 S. Nova Road			
	ID BEACH FL 32174			83					
0				84	Cau			85	Zip Code
				04	City	Ormond Beach,	FL		32174
SIGNATURE: _	Signative typed or pure dispose of registeric age.  OFHICERS AN	randitto has seek	<del>-</del>	3.	t signature requi	ADDITIONS/CHANGES TO OFF	FICERS AND	DIREC	TORS IN 12
TITLE	D	I DE		1 TITLE		n		<b>X</b> Change	
NAME	FOURNIER, DEBRA L		1	2 NAME		Fournier, Debra L.	•	•	
STREET ADDRESS	4 WISTERIA DR		1	3 STREET		4 Wisteria Drive			
CITY-ST-ZIP	ORMOND BY THE SEA FL			4 CHY - S		Ormond By The Sea, Fi	321	76	
TITLE	D	D		1 TITLE	1			Chang	e 🔲 Addit or
NAME	FOURNIER, ROGER A		2	2 NAME		Fournier, Roger A.			
STREET ADDRESS	4 WISTERIA DR		2	3 STREET	I ADDRESS	4 Wisteria Drive			
CITY-ST-ZIP	ORMOND BY THE SEA FL		2	4 CITY-5	ST-ZIP	Ormond By The Sea, Fl	. 3217	6	
TITLE		[ Di	LETE 3	1 THUS				Chang	e 🔲 Addition
NAME			3	2 NAMč					
STREET ADDRESS			3	3 STREE	LADDRESS				
CITY - ST - ZIP				4 O:TY -5	31 - ZiP				
TITLE		[ <u></u>	LETE 4	1 TITLE				Criang	e 🔲 Addition
NAME			4	2 NAME					
STREET ADDRESS				3 STREE	1 ADDRESS				
CITY-ST-ZIP				4 CiTy -	31 · 71P			<del></del>	
TITLE		DI		1 TILLE			L	Chang	e 🔲 Addition
NAME			•	2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP		·		4 CITY-			<del></del>	7	
TITLE		D		5 1 THEE			[.	Chang	e 🗌 Addition
NAME				5 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - 7IP			<b>I</b> :	64 CITY -	ST-ZIP				

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if dhangool, or on an attachment with an address.

904 676 1635

CR2E034 (12/95)