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

S44122

DOCUMENT #

Principal Place of Business

D.L. CROOKS, INC.

Mailing Address



1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910			1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910						
						3. Date Incorporated or Qualified 04/10/1991	3a. Date of La 04/19	st Report 9/1995	
2. Principal Plac	ce of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		Applied For	
21		26				65-0258127		Not Applicable	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & S	State			6. Election Campaign Financing	\$:	5.00 May Be	
23		28				Trust Fund Contribution		dded to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for i		er s 199.032,	
24	25	29	30	o 		Florida Statutes			
	9. Name and Address of Curre	nt Registered Ag	gent			10. Name and Address of New R	egistered Agent		
				81	Name				
	, RICHARD V.S.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	APE CORAL PARKWAY								
CAPE C	ORAL FL 33910			83					
				84	City		FL 85	Zıp Code	
or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flor i, and accept the obligations of Sec	du Such change	was authorized to	ne above r y the corp	named corp oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing pintment as regist	its registered office ered agent. I am	
	ografon, fypict er protest nacio of high terest ages		(No)(t - F		isgrafan reja	nost where reast the g	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	U COMO LINDA	L.] DELETE	1 1 THILE			☐ Cha	nge 🔲 Addition	
NAME	HIGGINS, LINDA			1.2 NAME					
STREET ADDRESS	32A PUTNAM PARK RD.			13 STHEFT	- 1				
CITY - ST - ZIP	BETHEL CT		7 66 6 K	1.4 CHY - 5	1-ZIP				
THTLE	D NO MEDTY DEPOIL	L	DELETE	2 1 T-TLE			Cha	inge 🔲 Addition	
NAME	MCLIVERTY, DEBBIE			2.2 NAME					
STREET ADDRESS	18 PENN STREET			2.3 STREET	i				
CITY - ST - ZIP	FISHKILL NY	·····	3 DELETE	2.4 CHY-S	T- 7-P	***- * *****	[] Cha	inge	
TITLE	CROOKS, LEONARD	L.,] DELETE	3 1 11TLE			L.J 611a	inge [] Addition	
NAME	8 ALMANGO AVE.			3.2 NAME					
STREET ACORESS	NEW FAIRFIELD CT			3.3 STREE					
CiTY-ST-ZIP	11C11 FAIRFIELD CT] DELETE	3.4 CI*Y - 9 4. 1 TITLE	7 - ZIP		☐ Cha	inge Addition	
TITLE		L	DELETE		8			ingo 🔲 Addition	
NAME				4.2 NAME					
STHEET ADDRESS				4.3.STHEFT					
CITY - ST - ZIP] DELFTE	4.4 CITY - 9 5.1 TiTLE	il - ZIP		Cha	inge 🗍 Addition	
TITLE		L.	J DELLI PE	li .				inge [] Float on	
NAME OVOCCE LODGOCCO				5.2 NAME	ADDECCC				
STREET ADDRESS				5 3 STREET					
CITY-ST-ZIP			T DELETE	6 1 TITLE	1 - 212		Cha	ange 🗀 Add:tion	
TITLE		L.	Journ	6.2 NAME			L. Cité	Ango D Addition	
NAME				1	Appear				
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP	codify that the information supplied	with this films is a	rokuntarila furniche	6.4 CITY - S		y for the exemption stated in Section 119	07/3i/kl Florida 9	Statutes I further	

certify that the information indicated on this annual report or suppliemental 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 pocivier 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 inchanged, or on any staging ent with an address.

SIGNATURE

WEST LINDA A. HIGGINS 3/15/96 303-796-3716