

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Marziani
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53752 (9)**

1. Corporation Name

D L & J, INC.

Principal Place of Business

**228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312**

Mailing Address

**228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **04/27/1994**

4. FEI Number **65-0275249** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes YES NO

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HOUSTON & SHAHADY
100 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 non-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LINDEMANN, DAVID H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 SW 21ST TERR	1.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DV LINDEMANN, ELLEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 SW 21ST TERR	2.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D LINDEMANN, II HAROLD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 SW 21ST TERR	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D LINDEMANN, TODD D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 SW 21ST TERR	4.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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:

Mike Hendricks

Mike Hendricks

7-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number