

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V14937 (9)
 1. Corporation Name
D&L ENTERPRISES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business: **1255 SEEDS AVENUE SARASOTA FL 34237**
 Mailing Address: **1255 SEEDS AVENUE SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1992	
21		26		4. FEI Number 65-0312832	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MUSPHY, LISA
1255 SEEDS AVENUE
SARASOTA FL 34237

10. Name and Address of New Registered Agent

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13.

14. City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that 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: *Donald E. Murphy* DATE: **3/19/98**

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, LISA M.	STREET ADDRESS	
STREET ADDRESS	4646 GLEASON AVENUE	CITY - ST - ZIP	
CITY - ST - ZIP	SARASOTA FL		
TITLE	ST <input type="checkbox"/> DELETE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DONALD	STREET ADDRESS	
STREET ADDRESS	4646 GLEASON AVENUE	CITY - ST - ZIP	
CITY - ST - ZIP	SARASOTA FL		
TITLE	<input type="checkbox"/> DELETE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra M. Moré* DATE: **3/19/98** 941 955-5990

CR2E034 (10/97)