

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	22	26	27	4. FEI Number 65-0312832	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	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	
Zip		Country		30	

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** 15 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	Change	<input type="checkbox"/> Addition
NAME MURPHY, LISA M.			
STREET ADDRESS 4646 GLEASON AVENUE			
CITY-ST-ZIP SARASOTA FL			
TITLE ST	<input type="checkbox"/> DELETE	Change	<input type="checkbox"/> Addition
NAME MURPHY, DONALD			
STREET ADDRESS 4646 GLEASON AVENUE			
CITY-ST-ZIP SARASOTA FL			
TITLE	<input type="checkbox"/> DELETE	Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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)