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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V55084** **(0)**

1. Corporation Name
D.L. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
40304 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	40304 FISHER ISLAND DRIVE FISHER ISLAND FL 33109-1225

3. Date Incorporated or Qualified: 06/03/1992
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address
21 701 BRICKELL AVE.	26 701 BRICKELL AVE
Suite, Apt. #, etc. 22 SUITE 2420	Suite, Apt. #, etc. 27 SUITE 2420
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 65-0348209 ☐ 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

9. Name and Address of Current Registered Agent

SHORE, H. ALLAN
1221 BRICKELL AVENUE
150 W. FLAGLER STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ROBERT M. SAUNDERS, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): COURTHOUSE TOWER
83: 44 WEST FLAGLER ST. # 402
84 City: MIAMI FL 85 Zip Code: 33130

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: Robert M. Saunders 4/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, STEVEN J.		1.2 NAME	
STREET ADDRESS	40304 FISHER ISLAND DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAFCHIK, JEFFREY A.		2.2 NAME	
STREET ADDRESS	40304 FISHER ISLAND DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] JEFFREY SAFCHIK 4/23/97 305-373-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0254820