


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V57117 (6)**

1. Corporation Name  
**D. & I. ACCOUNTANTS AND TAX CONSULTANTS, INC.**



Principal Place of Business <b>2934 FOREST HILL BLVD SUITE 204 W. PALM BEACH FL 33406 US</b>	Mailing Address <b>2934 FOREST HILL BLVD SUITE 204 W. PALM BEACH FL 33406-5961 US</b>
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3. Date Incorporated or Qualified <b>08/10/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>8895 N. MILITARY TRL</b>	22. Mailing Address <b>8895 N MILITARY TEL</b>
22. Suite, Apt. #, etc. <b>204 E</b>	27. Suite, Apt. #, etc. <b>204 E</b>
23. City & State <b>Palm Beach Gardens FL</b>	28. City & State <b>Palm Beach Gardens FL</b>
24. Zip <b>33410</b>	25. Country <b>USA</b>
29. Zip <b>33410</b>	30. Country <b>USA</b>

4. FEI Number <b>65-0348707</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

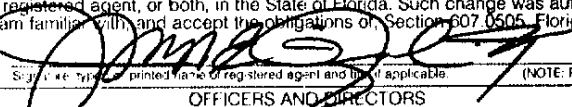
9. Name and Address of Current Registered Agent

**IACIOFOLI, JOSEPH E.  
2924 FOREST HILL BLVD  
SUITE 204  
W. PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81. Name <b>Joseph E. IACIOFOLI JR</b>
82. Street Address (P.O. Box Number Is Not Acceptable) <b>8895 N MILITARY TEL 204E</b>
83. City <b>Palm Beach Gardens FL</b>
84. Zip Code <b>33410</b>

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:  DATE: **4/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DE LISI, MARTIN V.</b>	
STREET ADDRESS <b>2934 FOREST HILL BLVD</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>IACIOFOLI, JOSEPH E. JR.</b>	
STREET ADDRESS <b>2934 FOREST HILL BLVD</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>8895 N MILITARY TEL #204E</b>	
2.4 CITY-ST-ZIP <b>Palm Beach Gardens FL 33410</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **4/30/97** Daytime Phone #: **561-672-7050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)