

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

SEPMY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 367682 (2)

1. Corporation Name:

DALE-INCOR INC.

Principal Place of Business:

**1001 N.W. 58TH CT.
FT. LAUDERDALE FL 33309**

Mailing Address:

**1001 N.W. 58TH CT.
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1970	3a. Date of Last Report 05/01/1994
4. FID Number 59-1288556	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. 190.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc	26. State Apt. # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**FRUMAN, ALBERT
4350 HILLCREST, #111
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Registered Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FRUMAN, ALBERT	1.2 NAME	
STREET ADDRESS	4350 HILLCREST, #111	1.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FRUMAN, DOROTHY	2.2 NAME	
STREET ADDRESS	4350 HILLCREST, #111	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	2.4 CITY, ST, ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRUMAN, LEE	3.2 NAME	
STREET ADDRESS	24670 S. CROMWELL	3.3 STREET ADDRESS	
CITY, ST, ZIP	FRANKLIN MI	3.4 CITY, ST, ZIP	
TITLE	AST	4.1 TITLE	☐ Change ☐ Addition
NAME	FRIED, DAVID M.	4.2 NAME	
STREET ADDRESS	30700 TELEGRAPH, #3855	4.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM MI	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 130.01 and 130.02, 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, 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 of this report or supplemental report with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/27/95 313-846-9400