FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90138 019 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # NACO

1. Corporation	Name WISU387								
1 -	DICA, INC.								
FNOWILL	NOA, INO								
Principal Place	of Puginoss	Mailing Address						(8)	()) 1 (1) (1)
	•	-							
5501-D AIRPORT BLVD 5501-D AIRPORT BLVD TAMPA, FL 33634 TAMPA, FL 33634									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,				RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife 04/16/1987	:d		i
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Number		Apr	lied For
21		26				59-2799915		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		• • •	5. Certifcate of Status Desired	- []	\$8.75 A	
22		27				3. Octahocic of Glatas Desired		Fee Rec	uired
City & State	8	City & State				6. Election Campaign Financin	g 🗆	\$5.00 1	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the co	ırrent year Inta		□No
24	9. Name and Address of Current	Pagistered Agent	30			Personal Property Tax. 10. Name and Address of New	Registered		
	9. Name and Address of Current	Registered Agent		81	Name	10. Hame and Address of the	, itagiotai e		-
JAM!	ES T SPANN								
61 WINDWARD				82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
CLEARWATER FL 33634				83					
								Jos Zio C	
				84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, tl	he above	-named cor	poration submits this statement for the	ne purpose of	changing its r	egistered
office or n	egistered agent, or both, in the State of medical managements of sections of the state of the sections of the section of the section of the section of the sections of the section of the secti	f Florida, Such change	was author	rized by :	ne comorai	tion's board of directors. I hereby acc	ept the appoi	niment as reg	istered
SIGNATURE	,								
SIGNATORE	Signature, typed or printed name of registered agent				signature requir	red when reinstating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO C)FFICERS AN	D DIRECTOR ☐ Change	Addition
TITLE	SDC	☐ DELI	•	1.1 TITLE				Change	[] Addition
NAME	SPANGLER, JOHN F.			1.2 NAME					
STREET ADDRESS	122 MARTINIQUE			1.3 STREET	i				
CITY-ST-ZIP	TAMPA FL	DEU		1.4 City-St 2.1 title	-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE	VD				1	•			
NAME	SCHULTZ, ANDREW W. 4312 CARROLLWOOD VILL DR			2.2 NAME 2.3 STREET	4DODECC				
STREET ADDRESS	TAMPA FL		1	2.4 CITY-S		- ·		· ·	1.014
CITY-ST-ZIP	P	□ DEL		3.1 TITLE	1-211-		***	Change	Addition
NAME	SPANN, JAMES T.			3.2 NAME					
STREET ADDRESS	61 WINDWARD ISLAND			3.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			3.4. CITY-S					
TITLE		☐ DEL		4.1 TITLE				☐ Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST	-ZIP				
TITLE		☐ DEL	ETE I	5.1 TITLE		•	**	· Change	☐ Addition
NAME				5.2 NAME		•			
STREET ADDRESS				5.3 STREET	l l				
CITY-ST-ZIP				5.4 CITY-ST	- ZIP				
TITLÉ		DEL	-,-	6.1 TITLE		•		Change	☐ Addition
NAME				6.2 NAME	1				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

HE REQUIRED