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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098521 (2)

DALFO REALTY, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 13 1998 8:00am Secretary of State



3500 THISTLEWOOD LANE PALM CITY FL 34990		3500 THISTLEWOOD LANE PALM CITY FL 34990		DO NOT WRITE IN THIS	S SPACE			
					3. Date Incorporated or Qualified 11/17/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21		26			650799037		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	_, _	
22		27			5. Certificate of Status Desired	Fee Rec	ulred	
City & Stat	o	City & State			6. Election Campaign Financing	\$5.00 N	Aav Be	
23		28			Trust Fund Contribution Added to Fees			
<b>Z</b> ip	25 29 30		Count	ry	8. This corporation owes or has paid the co	urrent year Intai	ngible	
24			30				No	
	9. Name and Address of Curren	t Registered Agent			<ol><li>Name and Address of New Registered</li></ol>	f Agent		
	rry, steven l		8	1 Name				
	SW OSCEOLA STREET		8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SU	ITE 2		"	- Justinat	o. ood (1. o. box Humbor is Hot Acceptable)			
STO	UART FL 34994		8	3				
			8	4 City		85 Zip Ci	ode	
	on <del>a. I</del> in the contract of the contract with			_ <u>l</u>	FI			
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized:	by the corpore	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as re	registered eaistered	
agent. I a	m <b>fa</b> miliar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statut	es.		pontanion, do re	9.0.0.0.0	
SIGNATURE						_		
	Stgnature, typed or privled name of registered age			gent signature requ	uired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TiTL€	DALFO, CHRISTOPHER L	☐ DELETE	1,1 TITLE				Addition	
NAME			1,2 NAM	Ē				
STREET ADDRESS	3500 THISTLEWOOD LANE		1.3 STHE	E1 ADDRESS				
CITY-ST-ZIP	PALM CITY FL 34990		1.4 C(1)	- ST- ZIP				
TITLE	D	☐ DELFTE	2.1 TITLE	İ		Change	☐ Addition	
NAME	DALFO, LORRAINE A		2.2 NAM	E				
STREET ADDRESS	3500 THISTLEWOOD LANE		2.3 STRE	ET ADDRESS				
CHTY-ST-ZIP	PALM CITY FL 34990		2. 4 CITY	-ST-ZIP				
THLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAM	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. £(TY	- ST - ZIP				
TITLE			4 1 TITLE			Change	Addition	
NAME			4. 2 NAM	F		-		
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE 5.11				Change	Addition	
NAME			5.2 NAMI					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP							İ	
TITLE		DE LETE	5.4 CITY 6.1 TITLE			Change	Addition	
						отипус	L VOOIBOIL	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY+ST-ZIP			6.4 CITY	-\$1-ZIP				

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 eath; 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.