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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

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DOCUM		125479	(7)						
• • •	DIA, INC.								
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rincipat Place o	f Business	Ma	ling Address						
2268 SE AIR	CALVIN WAY		29000 A5 AIRPORT I	ROAD					
ARCADIA MU	INICIPAL AIRPORT		PUNTA GORDA FL 3						
ARÇADIA FL US	33021					3. Date Incorporated or Qualified	3a. Date		•
. Principal Plac	e of Rusiness	28	Mailing Address			10/15/1984 4. FEI Number	<u> </u>)4/04/19	Applied For
	e er exastress	26	Welling Medicas			59-2540165			Not Applicable
Suite, Apt #,	etc	F** 1	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & State		27	City & State			6. Election Campaign Financing			Required May Be
		28				Trust Fund Contribution			d to Fees
- <i>2</i> နာ 	Country 121	· · · · · · · · · · · · · · · · · · ·	Zip	Country	/	8. This corporation has liability for		cunder s	199.032,
	25 9. Name and Addres	[29] ss of Current Regist	ered Agent	30		Florida Statutes Yes 10. Name and Address of New F	□ No tealstered A	aent	
		7		81	Name				
CARR, [DANA WM			82	Street Addi	ress (P.O. Box Number is Not Acceptab	ole)		
28000 A-5 AIRPORT ROAD				83	ļ				
PUNTA	GORDA FL 33982			0.3					
				84	City		FL	85 Zi	p Code
1. Pursuant to	the provisions of Section	ons 607.0502 and 607	.1508, Florida Statut	es, the above	named corpo	ration submits this statement for the puring of directors. I hereby accept the app	rpose of cha	nging its r	registered office
or registered familiar with	:I agent, or both, in the : , and accept the obligat	State of Florida. Such tions of, Section 607.0	change was authoriz 505, Flonda Statutes	red by the corp s.	noration's boa	ird of directors. I hereby accept the app	ointment as	registered	i agent. I am
IGNAT UFIE									
	graf re typed or pentel name o	Fregulation algorithm the Faj FHCERS AND DIREC		OTE: Flogistered Agr	int signature regulie	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	DO IN 10 .
!. LF [PD	FRICENS AND DIREC	DELETE	13. 1. 1 TITLE		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	Change	Addition
MF	CARR, DANA W.		_	1.2 NAME			•		
EFT ASIDRESS	12280 MARYLAN			1.3 STREE	T ADDRESS	7-7-			
+ -S1 - ZIP	PUNTA GORDA	FL		1.4 CITY -	-1 /	25755) 		
.F	STD		DETE LE	2 1 717LE			L] Change	Addition
ME EFT ACORESS	CARR, WAYNE A 6300 RIVERSIDE			2 2 NAME	T ADDRESS				
Y - \$1 - 7iP	PUNTA GORDA			2.4 CITY -		33982			
F	I AIMU AANKO.	[DELETE	3 1 THELE				Change	Add:tion
Ar .				3 2 NAME					
SELADORESS				3.3 STREE	T ADORESS				
Y - ST - 20F			T] DELETE	3 4 CITY -				Change	☐ Addition
V:				4. 1 TITLE 4.2 NAME			L.) Charge	[] Kooiloi
GELADDRESS					T ADDRESS				
1 - S1 - ZiP	•			4.4 CITY-					
Li .			DETEIF	5 1 TITLE				Change	☐ Addition
MF.				5 2 NAME					
RELLADORESS					T ADDRESS				
Y-ST-7P			DELETE	5 4 CITY -			r	7 Change	Addition
Lf Mti			_ Section	6 1 THUE 62 NAME			L	- Change	
REFLADDRESS					1 AODRESS				
Y S1-ZIP				64 CITY-					
I. I do hereby				nished and do	es not qualify	for the exemption stated in Section 119			
oath; that I-	anı an officer or director	r of the composition or	the receiver or truste	ee emnowered	to execute th	ate and that my signature shall have the his report as required by Chapter 607, Fl	lorida Statute	आक्टा as I ∋s; and th	iat my name
appears in t	Biock 12 or Block 13 if	Tringed, or or an att	achment with an add	Poss.		1. /-	٠.		_
IGNAT	JRE: <	sell	100			1/16/90	6 941	! 639.	7855
	SIGNATURE	E AND TYPED OR PRINTED	NAME OF SIGNING OFFIC	ER OR DIRECTOR		Date	D ₄	aytime Phone	