## 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 # 1. Corporation Name P93000014770 (0)

DELIADIETRA & ASSOCIATES INC

DELETT IL TUR	T & ACCOUNTED, INC	<b>)</b> •			
			_1		
Principal Place of Bus	iness	Mailing Address	_	<u> </u>	i centidat ibn centen little natet enter anter anter anter enter in the contract of the
15818 ASHBY FIELD ROAD DAVIE FL 33031		15818 ASHBY FIELD RO DAVIE FL 33331	OAD	ı	DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified     02/19/1993
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For
21		26			65-0389000 Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Na	ame and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
DELLAPIETRA, CHRISTOPHER P			8	Name	
15818 ASHBY FIELD ROAD DAVIE FL 33331					Add to CO Beauty See In Manager 1911
			182	82 Street Address (P.O. Box Number is Not Acceptable)	
Dimere.	33001		83		
			.4	'	FL 85 Zip Code
<ol> <li>Pursuant to the prioffice or registered agent. I am familia</li> </ol>	ovisions of Sections 607.0502 d agent, or both, in the State of ar with, and accept the obligat	and 607.1508, Florida Statu of Fiorida. Such change was lons of, Section 607.0505, F	utes, the above authorized be Torida Statute	e-named of the corp is.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	typed or printed name of registered agent	And the County of the County	YE Decision of the		e required when reinstating) DATE
12.	OFFICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD		DELETE	1.1 TITLE		Change Addition
,,,,,,	APIETRA, CHRISTOPHER		1.2 NAME	1	
1501	8 ASHBY FIELD ROAD	•			
DAIA	E FL 33331			T ADORESS	
G/11-31-2/F	L 1 L 00001	DELETE	1.4 CITY-	SI-ZIP	Change Addition
TITLE		L_J DELETE	2.1 TITLE	1	Change El Adollon
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY - ST - ZIP			2. 4 CITY-	ST-ZIP	

CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information injury eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an erfor further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied vit indicated on this annual report or supplemental officer or director of the corporation or the 14th Block 12 or Block 13 if changed, or on an 14th Indianated Corporation

**SIGNATURE** 

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RE REQUIRED

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Jan 21 1998 8:00am

Secretary of State