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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 599093 (2)

1. Corporation Name  
DILAND CORPORATION

Principal Place of Business Mailing Address  
2401 E GRAVES AVE SUITE 24 ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1979 3a. Date of Last Report 01/28/1994  
4. FEI Number 59-1639665 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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address 2401  
21 2401 E. GRAVES AVE. 26 2401 E. GRAVES AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 SUITE 21 27 SUITE 21  
City & State City & State  
23 ORANGE CITY, FL 28 ORANGE CITY, FL  
Zip Country Zip Country  
24 32763 USA 29 32763 USA 30 USA

9. Name and Address of Current Registered Agent  
FINCKE, GERALD B  
2401/E. GRAVES AVENUE  
SUITE 21  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 SUITE 21  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DIAMOND, ISADORE
STREET ADDRESS	7811 NW 85TH AVENUE
CITY - ST - ZIP	TAMARAC FL
TITLE	SD
NAME	LANDSMAN, ELLIOTT
STREET ADDRESS	300 CANAL VIEW BLVD.
CITY - ST - ZIP	ROCHESTER NY
TITLE	PD
NAME	FINCKE, GERALD
STREET ADDRESS	2401 E. GRAVES AVE
CITY - ST - ZIP	ORANGE CITY FL
TITLE	D
NAME	MCNEIL, GORDON
STREET ADDRESS	770 LINDEN AVE.
CITY - ST - ZIP	ROCHESTER NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: G. B. Fincke GERALD B. FINCKE 3/16/95 704-775-0221  
PRESIDENT