

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **599093** (2)

1. Corporation Name
DILAND CORPORATION



Principal Place of Business: **2401 E. GRAVES AVE. SUITE 21 ORANGE CITY FL 32763 US**
Mailing Address: **2401 E. GRAVES AVE. SUITE 21 ORANGE CITY FL 32763 US**

3. Date Incorporated or Qualified: **01/03/1979**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: **21 2300 E. GRAVES AVE.**
2a. Mailing Address: **26 2300 E. GRAVES AVE.**

4. FEI Number: **59-1639665**
Applied For: Not Applicable

22. State, Apt. #, etc.: **ORANGE CITY, FL**
27. State, Apt. #, etc.: **ORANGE CITY, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **ORANGE CITY, FL**
28. City & State: **ORANGE CITY, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32763** Country: **USA**
29. Zip: **32763** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINCKE, GERALD B
2401 E. GRAVES AVENUE
SUITE 21
ORANGE CITY FL 32763**

81 Name: **GERALD B. FINCKE**
82 Street Address (P.O. Box Number is Not Acceptable): **2300 E. GRAVES AVE.**
83
84 City: **ORANGE CITY** FL 85 Zip Code: **32763**

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: **GERALD B. FINCKE** *Gerald B. Fincke* **11/15/96**
Signature of the person or persons authorized to act as registered agent for the corporation. (If all registered agent signatures required when registering) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	33321
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3 TOWNLINE CIRCLE
24 CITY-ST-ZIP	ROCHESTER, NY 14623
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2300 E. GRAVES AVE
34 CITY-ST-ZIP	ORANGE CITY, FL 32763
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	14625
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: *Gerald B. Fincke* **1/15/96** **904-775-0221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Gerald B. Fincke, President

CR2E034 (12/95)