


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90064 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 599093

1. Corporation Name
DILAND CORPORATION



Principal Place of Business 2300 E GRAVES AVE ORANGE CITY FL 32763 US	Mailing Address 2300 E GRAVES AVE ORANGE CITY FL 32763 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>90 Ocean Walk Properties</i> Suite, Apt. #, etc. 22 <i>410 N. Halifax, Suite D</i> City & State 23 <i>Daytona Beach, FL</i> Zip 24 <i>32118</i> Country 25 <i>USA</i>	2a. Mailing Address 26 <i>90 Ocean Walk Properties</i> Suite, Apt. #, etc. 27 <i>410 N. Halifax, Suite D</i> City & State 28 <i>Daytona Beach, FL</i> Zip 29 <i>32118</i> Country 30 <i>USA</i>
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3. Date Incorporated or Qualified 01/03/1979	4. FEI Number 59-1639665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

FINCKE, GERALD B
 2300 E GRAVES AVE
 ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name <i>Fincke, Gerald B.</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>90 Ocean Walk Properties</i>
83 <i>410 N. Halifax, Suite D</i>
84 City <i>Daytona Beach</i> FL 85 Zip Code <i>32118</i>

same agent but new address

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* (NOTE: Registered Agent signature required when reinstating) DATE: *1/8/99*

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	3 TOWNLINE CIRCLE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINCKE, GERALD	
STREET ADDRESS	2300 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

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	<i>PD Fincke, Gerald</i>
3.3 STREET ADDRESS	<i>410 N. Halifax, Suite D</i>
3.4 CITY-ST-ZIP	<i>Daytona Beach, FL 32118</i>
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 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 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, with all other like empowered.

SIGNATURE: *Gerald B. Fincke, President* Date: *1/8/99* Daytime Phone #: *904-257-5077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Gerald B. Fincke, President*

CR2E034 (1/98)