

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F39338 (1)

1. Corporation Name

DALE ANN, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2464  
WINTER HAVEN FL 33883  
US

P.O. BOX 2464  
WINTER HAVEN FL 33883  
US

3. Date Incorporated or Qualified 06/03/1981  
3a. Date of Last Report 06/19/1995

|                                |                     |   |                                |
|--------------------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For                    |
| 21                             | 26                  | 59-2803164  | Not Applicable                 |
| Suite, Apt #, etc.             | Suite, Apt #, etc.  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 22                             | 27                  |   |                                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 23                             | 28                  |   |                                |
| Zip                            | Country             | 29  | 30                             |
| 24                             | 25                  | 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

KALAGRIDIS, MITCHELL  
P.O. BOX 2464  
WINTER HAVEN FL 33837

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 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

Signature, type or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PD                   | 1.1 TITLE   |  |
| NAME                       | KALAGRIDIS, MITCHELL | 1.2 NAME  |  |
| STREET ADDRESS             | P.O. BOX 2462 N/A    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER HAVEN FL      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 2.1 TITLE   |  |
| NAME                       |                      | 2.2 NAME  |  |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mitchell Kalagris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

Daytime Phone

CR2E034 (3/96)