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

(1)

DALCO, INC.

FILED

Feb 09 1998 8:00am Secretary of State



					1			
Principal Place of Business		Mailing Address				J INBIEL MANI MILIM JIERE INIUN IINII MIRI MERI MI	maa mimir mamfe maasi mfala amal	
1422 NORWOOD AVE P.O. BOX 879 TITUSVILLE FL 32781-7879		1422 NORWOOD AVE P.O. BOX 879 TITUSVILLE FL 32781-7879			DO NOT WRITE IN THI	S SPACE		
		***				3. Date Incorporated or Qualified		
						08/09/1983	-	
2. Principal Place o	f Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-2316394	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Country 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					1	10. Name and Address of New Registered Agent		
LAURETTA, ANTONIO				1 Nam	e			
1422 NORWOOD AVE TITUSVILLE FL 32781-7879					et Address	dress (P.O. Box Number is Not Acceptable)		
			8	83				
			8	4 City		F	85 Zip Code	
office or registe	red agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized	by the co	ed corpora orporation's	ation submits this statement for the purpose is board of directors. I hereby accept the a	of changing its registered ppointment as registered	
SIGNATURE	<u> </u>							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				gent signati	ure required wi			
12.			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
,	IDETTA ANTONIO	C OCCEIE		_	· {		Li Grange Li Addition	
NAME LAURETTA, ANTONIO			12 NAM	t 	_			

CR2E034 (10/97) STREET ADORESS BOX 879/1422 NORWOOD AVE 1.3 STREET ADDRESS TITUSVILLE FL 32781 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change STD Addition TITLE 2.1 TITLE LAURETTA, DEBBIE NAME 22 NAME STREET ADDRESS BOX 879/1422 NORWOOD AVE 2.3 STREET ADDRESS TITUSVILLE FL 32781 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TULE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP City-St-ZIP DELETE Change Addition TITLE 5.1 T(T) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP TULE □ DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY - ST - ZIP 14. Thereby 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 trustete 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:

407-267-4641