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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J12661 (1)

DAHLIA CORPORATION

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2611 BAYSHORE BLVD PO BOX 1530 BRANDON FL 33509 #403 DO NOT WRITE IN THIS SPACE **TAMPA FL 33629** 3. Date Incorporated or Qualified 04/28/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-268 1949 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zìp Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUSSO, RICHARD P. 160 COLUMBIA DRIVE SUITE #507-83 TAMPA FL 33606. 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 during a with, and accept the obligations of Section 607.0505, Florida patures. ICHARD SIGNATURE when reinstaling) ADDITIONS 12. OFFICERS AND DIRECTORS 13. DELETE PESIDEN TITLE 1.1 TITLE KICHARD P YSHORE BLUD NAME RUSSO, RICHARD P. 1.2 NAME 180 COLUMBIA DR., #507 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition TITLE 2.1 TITLE RUSSO, RICHARD P JR. 2.2 NAME NAME 2611 BAYSHORE BLVD. #403 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 2, 4 CITY-ST-ZIP CITY - ST - ZIP ■ DELETE Change Addition 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filling 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 open attachment with an address.