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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90115 032 \*\*\*150.00



DAHLIA	CORPORATION				
Principal Place of Business Mailing Address 2611 BAYSHORE BLVD #403 TAMPA FL 33629 Mailing Address PO BOX 1580 BRANDON FL 33509				DO NOT WRITE IN THIS	
US				3. Date Incorporated or Qualifed 04/28/1986	
2. Principal P	lace of Business	2a. Mailing Address 26 P.O. Box	1050	4. FEI Number 59-268 1949	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7.5 Additional Fee Required
City & Stat	е	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zíp	Country 25	29 33601 [	Country US	This corporation owes the current year in Personal Property Tax.	☐Yes ☐No
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
RUSSO, RICHARD P. 2611 BAYSHORE BLVD #403 SUITE #507 TAMPA FL 33629				ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FI THE	85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of registered again.  Signature, typed or printed name of registered again.		Registered Agent signature rec	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, RICHARD P.		1.2 NAME		
STREET ADDRESS	l .		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP		
TILE -		☐ DELETE	2.1 TITLE	•	Change Addition
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS	المراجع المواجع المحاجم المحاجم الماجع	
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<del></del>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D€LETE	5.1 TITLE		Change
NAME			5.2 NAME	•	,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP_			5.4 CITY-ST-ZIP		
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS	*	ł

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Korikusan REQUIRED

1-10-99 813-630-1700