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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 31 1997 8:00am

Secretary of State

E FRANCIS BURG LOUZK BURG FILIK IIRKO HALI BURG ELEKE DIAKI BURG BURG BURG BURG BURG

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J75329

(9)

DEL SEGA, INC.

Democrat Physical Physicae	Mailing Address					
17301 TIMBER OAK LANE FT. Myers fl 33908	FT. MYERS FL 33908-617					
				3. Date Incorporated or Qualified 05/28/1987	3a. Date of La	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1 00,20, 100	Applied For
21 FLEA MUTS 26						No: Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	City & State			6. Election Campaign Financing	<b>\$5</b> .	.00 May Be
Zg Country	<b>28</b>	Country		Trust Fund Contribution		ded to Fees
mana in the state of the state	29	30		8. This corporation has liability for in Florida Statutes	ntangible tax und Yes	ier s. 199.032,
	of Current Registered Agent	130		10. Name and Address of New Re		
HEMAN, PATRICIA G.		81	Name			
17301 TIMBER OAK LANE		82	Street And	ress (P.O. Box Number is Not Acceptab	le\	
FT. MYERS FL 33908			JUDEL AUG	areas (1.0. per recipios la recipiosphanic)		
		83				
		84	City		85	Zıp Code
11. Parsuart to the provisions of Section						
SIGNATURE States to provide the office of	register i agest anistit est suplicable (N	IOTE: Registered Ag	int signature requ	ired when feinstaling)	DATE	
	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TIFE DP	L] DELETE	1.1 TIFLE			Cha	nge 🔲 Additio
NAME HEMAN, PATRICIA G. STEFF ACIDER IN 17301 TIMBER OAK L	ANE	1.2 NAME	AE-DDCCC			
ET ANCERO EL	ANC	1.3 STREET				
THE DVS	DECETE	1.4 CHY-5 2.1 TITLE	5 - AP		Cha	nge Addition
HEMAN, PATRICIA G.		2.2 NAME				<u> </u>
STEEF LALUREDS 17301 TIMBER OAK L	ANE	2.3 STREE	ADDRESS			
CHY SE ZIP FT. MYERS FL		2 4 CITY-	ST-ZIP			
пин	DELETE	3.1 TITLE			☐ Cha	nge 🔲 Additior
NAMI		3.2 NAME				
STREET ADDRESS		3 3 STREE	ADDRESS			
(01Y-\$1-2H	T No. 576	3 4. CITY-	ST · Z;P			
IREF	[_] DELETE	4.1 THILE			∟ Cha	nge Addition
NAME STREET ADDRESS		4. 2 NAME 4.3 STREE	Aringege			
315; COMMINS		4.3 STHEE 4.4 CITY~S				
MHF	DELETE	5.1 1IILE	) 1 - 6.IF	**************************************	Cha	nge Addition
NAME		5.2 NAME			<b>E</b>	
STREET ALLOGATIS		5 3 STHEE	ADDRESS			
CITY ST 20		5.4 CITY-3	ST - ZIP			
701E	☐ DELETE	6 1 THLE			☐ Cha	nge Additio
NAME		6.2 NAME				
STREET AFORESS		63 STREE	ADDRESS			
SITY-ST-ZIF		64 CITY - 3				
Lam an officer or director of the con	report or supplemental annual report i	is true and acco owered to exec	urate and tha	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if mad	e under oath: th

Patricia J. Hemon PATRICIA G. HEMAN 3/8/97 (941)482-8428
SIGNATURLAND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR