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Secretary of State

03-01-1999 90009 004 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K67041

1. Corporation Name
DLR GROUP INC.

Principal Place of Business
LESCHER & MAHONEY, INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

Mailing Address
LESCHER & MAHONEY, INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/21/1989
4. FEI Number
47-0708506
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 DLR Group inc.
Suite, Apt. #, etc.
22 601 West Swann Avenue
City & State
23 Tampa, FL 33606-2727
Zip Country
24 25 USA
2a. Mailing Address
26 DLR Group inc.
Suite, Apt. #, etc.
27 400 Essex Ct. - Regency Pkwy
City & State
28 Omaha, NE 68114-3778
Zip Country
29 30 USA

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MERADITH, STAN	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROUBAL, JAMES P.	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAINES, JOE	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARLSON, ROBERT J	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606-2727	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ROUBAL, JAMES P.	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONLEY, JAMES R	
STREET ADDRESS	601 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606-2727	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, V, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not include information that is exempt from public inspection under Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and correct. My signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on the report as presented with the filing. I am not a person who is not empowered.

SIGNATURE: _____ DATE: 1-20-98

CR2E034 (11/98)