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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89934

(9)

DAL, INC. OF TAMPA

Principal Place of Business

Mailing Address

FILED Apr 14 1997 8:00am Secretary of State



TAMPA FL 33629			1413 S. HOWARD AVE SUITE 103-8 TAMPA FL 33606-3176				
					3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last R 05/01/1996	eporl
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	plied For
21		26	26		59-1782943	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22		27	27		5. Certificate of Statos Desired	Feo Re	equired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Bo		
23		28	28		Trust Fund Contribution		
Zip	Country	Zıp	Country		8. This corporation has liability for Intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes X No		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Reg	gistered Agent	
	RA, DALIA D		81	Name			
	1 BAYSHORE BLVD.,#204		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
TAN	IPA FL 33629		83		,		
			84	City	·	Total 750	Codo
			64	City		FL 85 7ip	Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida ate of Florida. Such change ligations of, Section 607.05	Statutes, the above was authorized by 05, Florida Statutes	named corpo the corporation	oration submits this statement for the proon's board of directors. I hereby accep	urpose of changing it I the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NCITE: Registered Ager	nt signature require	d when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	P	☐ DELET	IE 1.1 TITLE			☐ Change	Addition
NAME	CARO, DALIA		1.2 NAME				;
STREET ADDRESS	2611 BAYSHORE BLVD, #2	04	1.3 STREET A	ADDRESS			li
CITY-ST-ZIP	TAMPA FL 33629		1.4 CHY- S1	- 7IP			
TITCE		DELET	JE 2.1 11TEF			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET /	ADDRESS			
City-St-ZiP			2 4 CHY+S	1 - ZIP		and the same of th	
TITLE		DELE1	IE 3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CiTY-S	1 - ZIP	<u></u>		
TITLE		☐ DELET	IE 4.1 THLE	1		L Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STHEE! A	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	- 71P			
TITLE		☐ DELET	5 1 1MLF			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET A	ADDRESS			
CITY-ST-ZIP			5.4 CHY-SI	- ZIP			
THLE		DETE	E 6.1 111LE	T		Change	Addition
NAME .			6.2 NAME				
STREET ADDRESS			63 STRÉET /	ADDRESS			
CITY-ST-ZIP			6.4 C/1Y-S1	- ZIP			

I do 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 trusted 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.