

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 4:27

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JACK H. MUMFORD
Secretary of State
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **L01584** (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEISSMAN-BERMAN AND ASSOCIATES, INC.

6281 - 39TH STREET NORTH, SUITE C
PINELLAS PARK FL 34665

6281 - 39TH STREET NORTH, SUITE C
PINELLAS PARK FL 34665

Do Not Write In This Space

1. Date of Incorporation 07/11/1989	3a. Date of Last Report 03/30/1994
2. Filing Agent Name 59-2973253	4. FID Number 59-2973253
21. State of Incorporation FL	26. Mailing Address 6281 - 39TH STREET NORTH, SUITE C, PINELLAS PARK, FL 34665
22. City & State FL	27. Trade Name
23. City & State FL	28. City & State
24. City & State FL	29. City & State
30. City & State 	30. City & State

9. Name and Address of Current Registered Agent WEISSMAN-BERMAN, DEBORAH 608 SOUTH WEST 27TH STREET GAINESVILLE FL 32607	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Accepted) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 609, 610, and 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE: *David E. Jones*
 David E. Jones, Secretary of State

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
12.1 NAME 12.1.1 NAME 12.1.2 STREET ADDRESS 12.1.3 CITY, ST. ZIP	PD JONES, DAVID E. 6281 - 39TH STREET NORTH, SUITE C PINELLAS PARK FL 34665	13.1 NAME 13.1.1 NAME 13.1.2 STREET ADDRESS 13.1.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME 12.2.1 NAME 12.2.2 STREET ADDRESS 12.2.3 CITY, ST. ZIP	VD WEISSMAN-BERMAN, DEBORAH 608 - SOUTH WEST 27TH ST. GAINESVILLE FL 32607	13.2 NAME 13.2.1 NAME 13.2.2 STREET ADDRESS 13.2.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME 12.3.1 NAME 12.3.2 STREET ADDRESS 12.3.3 CITY, ST. ZIP		13.3 NAME 13.3.1 NAME 13.3.2 STREET ADDRESS 13.3.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 12.4.1 NAME 12.4.2 STREET ADDRESS 12.4.3 CITY, ST. ZIP		13.4 NAME 13.4.1 NAME 13.4.2 STREET ADDRESS 13.4.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME 12.5.1 NAME 12.5.2 STREET ADDRESS 12.5.3 CITY, ST. ZIP		13.5 NAME 13.5.1 NAME 13.5.2 STREET ADDRESS 13.5.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME 12.6.1 NAME 12.6.2 STREET ADDRESS 12.6.3 CITY, ST. ZIP		13.6 NAME 13.6.1 NAME 13.6.2 STREET ADDRESS 13.6.3 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is scrupulously furnished and does not qualify for the exemption stated in Section 607(1)(b), Florida Statutes. Further, I certify that the administrative fees for this annual report or supplemental annual report are true and accurate and that the signature shall have the same legal effect as if made in the State of Florida in the office of the corporation or the officer or director responsible to execute this report as required by Chapter 705, Florida Statutes, and that my name appears on Block 1 of the transcript of registration furnished with this filing.

SIGNATURE: *David E. Jones*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
MAY 11 1995

DOCUMENT # **L01665**

(3)

05/01/1994 11:25:57

DALIA INTERNATIONAL, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2501 W. EDGEWATER DRIVE LAKE PARK FL 33410 US
 Mailing Address: 2501 W. EDGEWATER DRIVE LAKE PARK FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Filing period for 1995	3a. Date of Last Report
07/11/1989	05/01/1994
4. FEI Number	Applied For
65-0144036	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Treat Fund Contribution	
<input type="checkbox"/>	
7. Do you expect this year's liability for unpaid taxes to exceed \$100,000?	
Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	26. Mailing Address
22. State of Florida	27. State of Florida
23. City & State	28. City & State
24. 33410 - 2435 PALM BEACH	29. 33410 - 2435 PALM BEACH
30. 33410 - 2435 PALM BEACH	

9. Name and Address of Current Registered Agent

WEINGARTEN, DEBBIE
2501 W EDGEWATER DR
LAKE PARK FL 33410-9435

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, P.O. Box Number or Post Office	
83. City	
84. State	FL
85. Zip Code	33410-2435

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. If both in the State of Florida, and if change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations and liabilities of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPS WEINGARTEN, DEBBIE 2501 W EDGEWATER DR LAKE PARK FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY	DV	CITY	
STATE	WEINGARTEN, YIZY	STATE	
STREET ADDRESS	2501 W EDGEWATER DR LAKE PARK FL	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I understand that the information supplied on this form is voluntarily furnished and does not qualify for the protection stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this form is true and correct and that my signature shall have the same legal effect as if made under oath that I am an officer or director of this corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report.

SIGNATURE: *YIZY WEINGARTEN* 4.29.95 (407)622-9437

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1995
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 1000 N. W. 17th Street
 Tallahassee, Florida 32304-0001

DOCUMENT # **L03251** (0)

ACUERA CORP.

C/O WILLIAM C. WALBRIDGE
 16313 NORTH DALE MABRY HWY.
 TAMPA FL 33618

C/O WILLIAM C. WALBRIDGE
 16313 NORTH DALE MABRY HWY.
 TAMPA FL 33618

1. Effective Date of Registration	2a. Mailing Address	3. Effective Date of Last Report	3a. Effective Date of Report
21. Filing Date	26. P.O. BOX 272000	07/20/1989	04/25/1994
22. Filing Agency	27. City	4. Filing Agency	Applied Fee
23. Filing Office	28. TAMPA, FL	59-2961273	Not Applicable
24. Filing Office	29. 33688	5. Contribution of Ethics Unsettled	\$8.75 Additional Fee Required
25. Filing Office	30. 33688	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Filing Office	31. 33688	8. The Corporation has submitted the information required by Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALBRIDGE, WILLIAM C. 16313 NORTH DALE MABRY HWY. TAMPA FL 33618	81. Name 82. Street Address (City, Box Number & Post Office) 83. 84. State
	FL 85. Zip Code

11. I, the registrant, certify that the information supplied with this filing is voluntarily furnished and true, not equally for this registration state, its counties, cities, towns or villages. I further certify that the information is provided as the consequence of a governmental demand required by law and in good faith and that my representative shall have the same legal effect as if furnished with the same requirements. I understand that the information is being provided to the public and that my representative shall have the same legal effect as if furnished with the same requirements. I understand that the information is being provided to the public and that my representative shall have the same legal effect as if furnished with the same requirements.

12. NAME	13. ADDRESS	14. CITY	15. STATE	16. ZIP CODE	17. COUNTY
D LAUGHLIN, WILLIAM E. 1640 W. JEFFERSON QUINCY FL				32351	X
D DUNCAN, JAMES U.S. HIGHWAY 301 AT 471 SUMMERVILLE FL				SUMTERVILLE, FL 33585	X
D STEPHENS, GEORGE 1124 NORTH YOUNG BLVD. CHIEFLND FL				32626	X
D RIVENBARK, BENNIE 14651 21ST STREET DADE CITY FL				33525	X
PD WALBRIDGE, WILLIAM, C 16313 N. DALE MABRY HWY. TAMPA FL				33618	X
V MIDULLA, RICHARD 16313 N. DALE MABRY HWY. TAMPA FL				33618	X

14. I, the registrant, certify that the information supplied with this filing is voluntarily furnished and true, not equally for this registration state, its counties, cities, towns or villages. I further certify that the information is provided as the consequence of a governmental demand required by law and in good faith and that my representative shall have the same legal effect as if furnished with the same requirements. I understand that the information is being provided to the public and that my representative shall have the same legal effect as if furnished with the same requirements.

SIGNATURE: *William C. Walbridge* WILLIAM C. WALBRIDGE 4/28/95 (813)963-0994
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

L03251

ACUERA CORP.
16313 N. DALE MABRY HIGHWAY
TAMPA, FLORIDA 33618

DOCUMENT #L03251

12. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY, STATE, ZIP</u>
S	TIMOTHY S. WOODBURY	16313 N. DALE MABRY HWY.	TAMPA, FL 33618
T	STEVEN R. SHEARER	16313 N. DALE MABRY HWY.	TAMPA, FL 33618