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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01665

(3)

Mailing Address

DALIA INTERNATIONAL, INC.

FILED
May 05 1998 8:00am
Secretary of State



159.EA	ast TAIL OAKS Cir	2501 W. Edge	ewater L			
159-EASTALLOAKS Cir 2501 W. Edgewater Dr "PAIM BEACH G-Ardens PL Lake Ark, FL 33410 33410				Date Incorporated or Qualified	=:	
				07/11/1989		
2. Principal P	Place of Business	2a. Mailing Address	1 h	4. FEI Number	Applied For	
21 202	Longshore Do.	26 202 Longs	hore Dr	, 65-0144036	Not Applicable	
Suite, Apl	#, etc. /	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	iter FL	City & State Dupiter /	louda	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country (1.5	20	Country	8. This corporation owes or has paid the cu	rrent year Intangible	
24 374	Name and Address of Curren	_ +	o US	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
WEINGARTEN, DEBBIE						
159 EAST TALL OAKS CIRCLE PALM BCH GARDENS FL 33410 82 Street Address (F. O. Box Number is Not Acceptable) 202 Congshore Ur. 83 Street Address (F. O. Box Number is Not Acceptable) 202 Congshore Ur.						
11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered event, 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 4/28/97						
SIGNATURE OWELL OWELL (NOTE: Reg stered Agent signature required when re-nistating) DATE DATE OWELL						
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 TOTLE	0 P3 . O . L . O	Change Addition	
NAME	WEINGARTEN, DEBBIE		1.2 NAME	Prince 11, Debbies		
STREET ADDRESS	2501 W EDGEWATER DR		1.3 STREET ADDRESS	Powell, Debbie 202 Longshore Dr. Jupiter FL 33458		
ſ	LAKE PARK FL			Timiter FL 33458		
CITY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	dollier 1 - 271	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		T points	2. 4 CITY - ST - ZIP		Change Addition	
TITLE		[] DELETE	3.1 TITLE		Change Addition	
NAME (3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
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		The same	4.4 CITY - ST - ZIP			
TITLE		☐ DELET E	5.1 1(TLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 THILE		☐ Change ☐ Addition	
NAME	•		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. Thereby certify that the information supplied with this filling 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 suppliemental 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 or trustee in the appears in the supplied of t						