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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L82615

1. Corporation Name DLRH, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90094 022 ***150.00



Principal Place	e of Business	Mailing Address			1 1221(51) 2-1 13115 1115 5112 (1124 511) 3151(515)		
2719 VINDALE	ST .	2719 VINDALE ST					
ORLANDO. FL	32018 ⁻	ORLANDO. FL 32818			DO NOT WRITE IN THIS SP	ACE	
					3. Date Incorporated or Qualifed		
					06/25/1990		l
2. Principal P	lace of Business	2a. Mailing Address	_	7	4. FEI Number	Applied Fo	or
21 33 (RIZZLV BEAR YATH	26 33 GR122	4/2	SGAR KA	77H 65-0209110	Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J			\$8.75 Addition	al
22		27			5. Ceruicate of Citato Dosinos	Fee Required	
City & State		City & State	دراهر	يسر ان	6. Election Campaign Financing	\$5.00 May Be	
23 ORM		120 - 72 /2 /	EACH		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 29 32174 3	Cou.	102US1	A R. This corporation owes the current year Intang	jible IYes ÜNo	
24 BƏ1	9. Name and Address of Current		3U [/	LUST	10. Name and Address of New Registered Agr		
	S. Name and Address of Coffent	vehistaren uhann		81 Name	(4) transport to the tr	- <u>-</u>	
HAR	WOOD, LINDA				Addition (D.O. Davidson in Med Academy)		
2719 VINDALE ST.				82 Street A	Address (P.O. Box Number is Not Acceptable) (TR 122LY DEAR HATH		
ORL	ANDO FL 32818			83			
				2.1		ns Zin Codo	
				84 City	RMOND BEACH FL	30 Zip Code	4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the al	hove-named	corporation submits this statement for the purpose of cha	nging its registe	red
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was aut	thorized	I by the corpo	ration's board of directors. I hereby accept the appointm	ent as registered	1
SIGNATURE		., =, 1 17111					_
SIGNATURE	Signature, typed or printed name of registered agent		~	Agent signature re	equired when reinstating) DATE		-
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I		12
TITLE	D LIABWOOD LINDA	☐ DELETE	1.1 TI	ILE	Li Li		
NAME	HARWOOD, LINDA				_ ^	N Other ID	ddition
	ATAN MAID ALE OT		1.2 NA	ME	22 GOLZZIN BEAR PATH	N overide	
STREET ADDRESS	2719 VINDALE ST		1,3 ST	REET ADDRESS	33 GRIZZLY BOAR PATH	∦ Gridinge ∷	
CITY-ST-ZIP	ORLANDO FL	- OFIETE	1.3 ST	REET ADDRESS	33 GRIZZLY BOAR PATH ORMOND BONCH, FL. 32175	∠ Change □ A	
CITY-ST-ZIP	ORLANDO FL D	☐ DELETE	1.3 ST 1.4 Cf 2.1 Tf	AME REET ADDRESS TY-ST-ZIP TLE	33 GRIZZLY BEAR PATH ORMOND BENCH, FL. 32175	∕ ∕Change □ A	ddition
CITY-ST-ZIP TITLE NAME	ORLANDO FL D HARWOOD, DAVID	☐ DELETE	1.3 ST 1.4 Cf 2.1 Tf 2.2 NA		33 GRIZZLY BEAR PATH ORMOND BENCH, FL. 32175	∕ ∕Change □ A	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST	☐ DELETE	1.3 ST 1.4 Cf 2.1 Tf 2.2 NA 2.3 ST	REET ADDRESS	33 GRIZZLY BEAR PATH DRMOND BENKH, FL. 32175 E 33 GRIZZLY BEAR PATH DRMOND BENKH FL 321	∕ ∕Change □ A	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL D HARWOOD, DAVID	☐ DELETE	1.3 ST 1.4 Cf 2.1 Tf 2.2 NA 2.3 ST	REET ADDRESS	33 GRIZZLY BOAR PATH ORMOND BONCH, FL. 32179 E 33 GRIZZLY BOAR PATH ORMOND BOACH FL 321	/ gChange □A	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST		1.3 ST 1.4 Cf 2.1 Tf 2.2 NA 2.3 ST 2.4 Cf	TREET ADDRESS ITY-ST-ZIP TLE	33 GRIZZLY BOAR PATH ORMOND BONCH, FL. 32175 E 33 GRIZZLY BOAR PATH DRMOND BOACH FL 321	/ gChange □A	ddition
CITY-ST-ZIP TITUE NAME STREET ADDRESS CITY-ST-ZIP TITUE NAME	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST		1.3 ST 1.4 Cf 2.1 Tf 2.2 NA 2.3 ST 2.4 Cf 3.1 Tf 3.2 NA	TREET ADDRESS ITY-ST-ZIP TLE	33 GRIZZLY BOAR PATH ORMOND BONCH, FL. 32175 E 33 GRIZZLY BOAR PATH DRMOND BOACH FL 321	/ gChange □A	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME	33 GRIZZLY BOAR PATH ORMOND BONCH, FL. 32175 E 33 GRIZZLY BOAR PATH DRMOND BONCH FL 321	/ gChange □A	ddition
CITY-ST-ZIP TITUE NAME STREET ADDRESS CITY-ST-ZIP TITUE NAME	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET ADDRESS (ITY-ST-ZIP TLE AME REET ADDRESS (ITY-ST-ZIP	DEMOND BEACH FL 321	A Change □ A Change □ A	ddition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST	☐ DELETE	1.3 ST 1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST 3.4. Cr 4.1 Tr 4.2 NA 4.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	DRMOND BEACH FL 321	Thange A	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST	☐ DELETE	1.3 ST 1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST 3.4. Cr 4.1 Tr 4.2 NA 4.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP	DRMOND BEACH FL 321	Thange A	ddition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO FL D HARWOOD, DAVID 2719 VINDALE ST	☐ DELETE	1.3 ST 1.4 C/C 2.1 TH 2.2 NA 2.3 ST 2. 4 C/C 3.1 TH 3.2 NA 3.3 ST 3.4 C/C 4.1 TH 4.2 NA 4.3 ST 4.4 C/C 5.1 TH 5.2 NA	REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	DRMOND BEACH FL 321	Thange A	ddition

CITY-ST-ZIP 1073 14. I 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 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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition