

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 # p92 000009008

1. Corporation Name

DILBERT Construction Company Incorporated

Principal Place of Business

8512 - N. Mitchell
Tampa, FL 33604

Mailing Address

8512 - N. Mitchell
Tampa, FL 33604

2. Principal Place of Business

21 8512 - N. Mitchell

Suite, Apt. #, etc.

2a. Mailing Address

26 8512 - N. Mitchell

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

27 City & State

28 Tampa, FL

24 Zip

24 33604

25 Country

25 HHSBRYA

29 Zip

29 33604

30 Country

30 HHSBRYA

9. Name and Address of Current Registered Agent

YASMIN DILBERT
7012 - Oakview Circle
Tampa, FL 33634

3. Date Incorporated or Qualified

11-92

4. FEI Number

59-3158197

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

81 Name

FL 85 Zip Code

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

05/11/99

DATE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President / Secretary	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASMIN DILBERT		1.2 NAME	
STREET ADDRESS	7012 - OAKVIEW Circle		1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634		1.4 CITY-ST-ZIP	
TITLE	V. President / Treasurer	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank V. Medina Jr		2.2 NAME	
STREET ADDRESS	1903 - Curry Road		2.3 STREET ADDRESS	
CITY-ST-ZIP	Lutz, FL 33549		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YASMIN DILBERT

05/11/99

813-933-7881

DATE

Daytime Phone #