May 08, 1999 8:00 am Secretary of State

05-08-1999 90044 016 ***550.00

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 # P9300007282

1. Corporation Name

DELAPAG	J, INC.						
Principal Place	of Business	Mailing Address			{ (UNI 1181 1861
1710 E SEVENTH AVE 1710 E SEVENTH SUITE 1100 SUITE 1100 TAMPA FL 33605 TAMPA FL 33605			VE .		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					01/29/1993		}
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-3162447	Not	Applicable
Suite, Apt.	#, etc. •	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	I
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	ר Fees
Zip	Country Zip		Country	У	8. This corporation owes the current year		_
24	25 29 30		30		Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
ne i	A CDANA EDANK		81	Name			
DE LA GRANA, FRANK 1710 EAST SEVENTH AVE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
SUITE 1100			83	,			
TAMPA FL 33605			0.0	'			
			84	1	F		
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 rematating) DATE							
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	DE LA GRANA, CHRISTINE		1.2 NAME				
STREET ADDRESS	1206 CHARTER STREET 13		1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	TAMPA FL 33602			ST-ZIP			
TITLE	STD DELETE 2.1 TI		2.1 TITLE			Change	Addition
NAME	WIGE, DEDONATI E		2.2 NAME				
STREET ADDRESS	SOOD EIGHT EIGHT		2.3 STREE	T ADDRESS			-
CITY-ST-ZIP	17 0 11 10 10 10 10 10 10 10 10 10 10 10 1		2. 4 CITY-	ST-ZIP		[1] Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	L Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	S1-ZIP		Change	Addition
TITLE			4 2 NAME			، ت	_
NAME			i i	T ADDRESS			
STREET ADDRESS			4.4 CITY-				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	21-215		☐ Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS				ET ADDRESS			j
			5.4 CITY-				
CITY-ST-ZIP		□ nei ete	61 TITLE		· ···, · · · · · · · · · · · · · · · ·	□ Change	☐ Addition

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 feceiver or trustee ampowered 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

8132480704