

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

FILED
Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000046037 (6)**

1. Corporation Name
DISLA ASSOCIATES, INC.

Principal Place of Business
**18459 PINES BLVD.
PEMBROKE PINES FL 33029
US**

Mailing Address
**18459 PINES BLVD
PEMBROKE PINES FL 33029
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 06/30/1993	
4. FEI Number 65-0421231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KANOUSE, KEITH J
2424 NORTH FEDERAL HIGHWAY
SUITE 353
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

Name

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

City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DISLA, ERIC
STREET ADDRESS	1074 N.W. 184 WAY
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	ADDRESS
1.4	-ZIP
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	ADDRESS
2.4	-ZIP
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	ADDRESS
3.4	-ZIP
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	ADDRESS
4.4	-ZIP
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	ADDRESS
5.4	-ZIP
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	ADDRESS
6.4	-ZIP

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate as of the date of filing. 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.

SIGNATURE:

[Handwritten signatures and initials]

CR2E034 (10/97)