

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

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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90050 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000060762

1. Corporation Name
DALMARI, INC.



Principal Place of Business
 4702 ALPINE ROAD
 LAND O' LAKES FL 34639

Mailing Address
 3724 FAWN GROVE CT
 LAND O LAKES FL 34639
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1993

4. FEI Number
59-3189910

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

2. Principal Place of Business
 21 **3724 Fawn Grove Ct**
 Suite, Apt. #, etc.

22 City & State
Lando' Lakes FL

23 Zip **34639** Country **USA**

2a. Mailing Address
 26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent
PHILLIPS, DALE E
 4702 ALPINE ROAD
 LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3724 Fawn Grove Ct

83

84 City **Lando' Lakes** FL 85 Zip Code **34639**

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]* DATE **4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DALE E	1.2 NAME	D.S.T. Phillips
STREET ADDRESS	4702 ALPINE ROAD	1.3 STREET ADDRESS	3724 Fawn Grove Ct
CITY-ST-ZIP	LAND O' LAKES FL 34639	1.4 CITY-ST-ZIP	Lando' Lakes, FL 34639
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, MARILYN R	2.2 NAME	Phillips, Marilyn R.
STREET ADDRESS	4702 ALPINE ROAD	2.3 STREET ADDRESS	3724 Fawn Grove Ct
CITY-ST-ZIP	LAND O' LAKES FL 34639	2.4 CITY-ST-ZIP	Lando' Lakes, FL 34639
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]* DATE: **4/29/99** Daytime Phone #: **813-996-3644**

CR2E034 (1/98)