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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068138 (4) DLT, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							F #BBINCON NO (DIN) DIBN DINN BBIN BBIN DIN NON TO BIND NON TIMER NIND I FELL ICON		
3083 WINDRIDGE OAKS DR. PALM HARBOR FL 34684				3083 WINDRIDGE OAKS DR. PALM HARBOR FL 34684				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
								09/13/1994	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				59-3281557 Not Applicable	
				Suite, Apt. #, etc.				Certificate of Status Desired Status Desired Status Desired Fee Required	
City & State				City & Stato				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zφ	Country			Zip Country				8. This corporation owes or has paid the current year Intangible	
24	25			30				Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent PENNION TREATURE C. 81 Name							10. Name and Address of New Registered Agent		
	NNEDY, TIMOTH								
3083 WINDRIDGE OAKS DR. PALM HARBOR FL 34684						82	Street A	at Address (P.O. Box Number is Not Acceptable)	
						83			
						84	City	FI 85 Zip Code	
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, based or profeed is not of registered againt and late it applicable (NOI 12. OF LICERS AND DIRECTORS						Registered Agent signature requ		required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OFFICE HS AN	71///10	DELETE		1 TITLE	<u>-</u> -T	Change Addition	
NAME	KENNEDY, T	IMOTHY C		, _ ,		2 NAME		<u></u>	
STREET ADDRESS						1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBO				1.4	4 CITY-S	T-ZIP		
TATLE	D			DECETE		1 TITLE		Change Addition	
NAME	KENNEDY, D	KANA M			2.2	NAME			
STREET ADDRESS	3083 WINDR	idge oaks dr.			2 3	3 STREET	ADDRESS		
CITY-S1-ZIP	PALM HARBO	OR FL 34684			2	4 CI1Y-5	S1-ZIP		
TIFLE				☐ DELETE	31	TITLE	- 1	Change Addition	
NAME						NAME			
STREET ADDRESS					3 3	3 STREET	ADDRESS		
CITY-ST-ZIP				DECEME		CITY-S	ST-ZIP		
TITLE				DELETE		THLE		☐ Change ☐ Addition	
NAME						2 NAME			
STREET ADDRESS							ADDRESS		
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NAME				L_ OCCUP		NAME	1	Lu shange Lu Addition	
STREET ADDRESS							ADORESS		
CITY-ST-ZIP					1		1		
TITLE			· 	DELETE		I CITY-S I TITLE	1-11	☐ Change ☐ Addition	
NAME						NAME	j	cosinge rational i	
STREET ADDRESS							ADDRESS		
· \					- 6		n i		
CITY-ST-ZIP						CITY-S	1-11		

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coprovation 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 charged, or on an attachment with an address.

VICE PRESIDENT

4-1598