SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION. * **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069814 (9)

DAL-JAN, INC.

Principal Place of Business

Mailing Address

4950 KILTY OT FAST

4850 KILTY OT FAST

APPROVED pg.10/2

97 AUG 13 PM 2:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



BRADENTON FL 34230			BRADENTON FL 34230			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		te of Last	Report
						09/20/1994	08/	27/1996	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			opplied For
21			26			65-0524106	Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Co	untry	Zip	Cou	intry	8. This corporation owes or has pa	id the curi	ent year Ir	ntangible
24	25		29	30		Personal Property Tax due June			∐ No
		Idress of Curren	t Registered Agent		B1 Name	10. Name and Address of New Re	gistered A	Agent .	
4850	CK, DALE O KILTY CT E DENTON FL 3420	3				DALE R. Zwick dress (P.O. Box Number is Not Acceptal HISO KILLY	ole)		
					84 City 22	1200 (724)	FL	85 Zir	Code
44 5	A- 4b 4	0.0707000	and COT 1500 Florida Cta	tuton the n		orporation submits this statement for the		obonous:	ito registered
agent. I a	registered againt, or limitamiliar with, and	accept the obliga	itions f, Section 607.0505,	Florida Sta	lules.	ration's board of directors. I hereby acce	pt the app	ointment a	s registered
12.	Signature, types or priviled		DIRECTORS	13.	o / igo it arginoloro it	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	P		☐ DELETE	1.1 TI	TLE			☐ Change	Addition
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NAME				6.2 N	AME	411.	3/97		
STREET ADDRESS				6.3 S	TREET ADDRESS		117		
CITY-ST-ZIP					ITY-ST-ZIP	r	'		

I do 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 challged, or on an attantiment with an address.

TO WHOM THIS MAY CONCERN:

THIS IS THE SECOND YEAR

IN A ROW I HAVE NOT RECIEVED

THIS FILING REPORT ON TIME.

I CHECKED WITH MY ACCOUNTANT

THE PLSO HAS NOT PLCEIUM

A REPORT.

PHOSE REVIEW THIS COMPLAINT MUD ACCEPT MY APOLOGY AND CHECK FON 165.00 + 8.75 FOR A CERTIFATE OF STATUS.

IF YOU HAVE ANY FUETHER.

QUESTIONS PLEASE FEEL FREE TO

CALL ME AT (941) 757-6338. MY

CONFORATION IS NOT CURRENTLY

ACTIVE, THIS MAY BE THE

REASON FOR HE NOT RECEIVING

THIS FORM.

Hace R. Tweel