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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

STREET ADDRESS

CHY+S1-ZIP

P94000071293 (2)

Mailing Address

## DALKALITSIS EQUIPMENT CORPORATION

2401 FOREST DRIVE INVERNESS FL 34453		2631-A NW 41ST ST Gainesville FL 32606-7470							
						3. Date Incorporated or Qualified 09/26/1994	1	e of Last R 22/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26				59-3273706			ot Applicable
Suite Ap:		Suite, Apl. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip <b>24</b>	Country 25	2φ <b>29</b>	Cou <b>30</b>	Country 30		This corporation has fiability for in Florida Statutes	intangible ta Yes		. 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	distered A	gent	
KIN	G, WILLIAM D.			81	Name				
263	1 N.W. 41ST STREET TE A			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)	<del></del>	
	NESVILLE FL 32608			83	<del></del>				
				84	City		FI	<b>85</b> Zip	Code
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Stat	utes	<b>3</b> .	ion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	<del> </del>	
TITLE	D OFFICENS AIN	DELETE	1.1 TI	TI E	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	KING, WILLIAM D.		1.2 NA					Onange	recentor
STREET ADDRESS	2631-A NW 41ST ST				ADDRESS				
C/TY+ST+Z/P	GAINESVILLE FL 32606		1,4 CI	TY - S	T- 21P				
TITLE		☐ DELETE	2.1 TC	TLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			23 ST	REET	ADDRESS				
CITY-S1-ZIP		Louiste	2 4 C		T-ZIP		<del>-</del>		4 4 190
TIFLE NAME		☐ DELETE	3.1 TC 3.2 N/				L.	Change	Addition
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP					ST-ZIP				
TITLE	<b></b>	DELETE	4.1 TC					Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY - ST - ZIP			4.4 CI	IY-S	T-ZIP				
THILE		☐ DELETE	5.1 10	TLE		<del>- 11</del> -	Ţ	Change	Addition
NAME			5.2 NA	AME					
STREET ADDRESS		1.00	5.3 ST	REET	ADDRESS				
CH r - S1 - 71P		C.	5.4 CI		I-ZiP				1 4
THILE		L DECETE	6.1 Tr				L	Change	Addition
NAME			6.2 NA	ME					

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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 armual 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.