

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90069 047 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000077908**

1. Corporation Name
DLW BUILDERS, INC.



Principal Place of Business 4505 SOUTH GOLDENROD RD ORLANDO FL 32822	Mailing Address 4505 SOUTH GOLDENROD RD ORLANDO FL 32822
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9649 TRADEPORT DR Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 621148 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/24/1994	
22 City & State 23 Orlando FL		27 City & State 28 Orlando FL		4. FEI Number 59-3279475 Applied For <input type="checkbox"/> Not Applicable	
24 32827 25 USA		29 32862-1148 30 USA		5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZIEGLER, JACK 4505 SOUTH GOLDENROD ROAD ORLANDO FL 32822		10. Name and Address of New Registered Agent 81 Name DALE WHITTINGTON 82 Street Address (P.O. Box Number is Not Acceptable) 9649 TRADEPORT DR 83 84 City Orlando FL 85 Zip Code 32827	
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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 **DALE WHITTINGTON** DATE **4/28/99**
(NOTE: Registered Agent signature required when reinstating)

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	WHITTINGTON, DALE L	1.2 NAME	
STREET ADDRESS	4504 S GOLDENROD RD	1.3 STREET ADDRESS	9649 TRADEPORT DR
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO FL 32827
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP	2.2 NAME	
STREET ADDRESS	ZIEGLER, JACK	2.3 STREET ADDRESS	
CITY-ST-ZIP	4505 S GOLDENROD RD	2.4 CITY-ST-ZIP	
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: **DALE WHITTINGTON** DATE **4/28/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)