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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000089349

DLC GROUP, INC.

Principal Place of Business
3515 ZIP INDUSTRIAL BLVD ATLANTA GA 30354
ATLANTA GA 30354
110

Mailing Address

3515 ZIP INDUSTRIAL BLVD. ATLANTA GA 30354

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90105 003 ***150.00



DO NOT WRITE IN THIS SPACE

110		116					
US		US			Date Incorporated or Qualifed 12/07/1994		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applie	ed For
21		26			59-3282496	Not A	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				8.75 Add	
27					5. Certificate of Status Desired	Fee Requ	ired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 M	ay Be
23		28			Trust Fund Contribution	Added to	rees
Zip	Country	Country Zip Country		ry	8. This corporation owes the current year Intangible		
24	25	29	30]No
241	9. Name and Address of Currer		,,,,,		10. Name and Address of New Registered Age	ent	
	o. Italie and Address of Carre		8	1 Name			
CREELEY, DAVID L							
	BARRINGTON DRIVE		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
BRANDON FL 33511				3			
DIV	MIDON FE 33311		•	ا"			
			8	4 City	 , \8	5 Zip Co	de
				1	oration submits this statement for the purpose of cha		
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statuti	9S.	on's board of directors. I hereby accept the appointment		
	Signature, typed or printed name of registered age			ent signature require		UDEATOR	0 15 40
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	D	☐ DELETE	1.1 TITLI		L] Change	Addition Addition
NAME	CREELEY, SHERYL D		1.2 NAM	Ē			
STREET ADDRESS			1.3 STRI	ET ADDRESS	,		
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY	ST-ZIP	·	_	
TITLE	D	☐ DELETE	2.1 TITLE	:] Change	☐ Addition
NAME	CREELEY, DAVID L		2.2 NAM	E			
STREET ADDRESS			2.3 STRI	ET ADORESS			
	BRANDON FL 33511		2.4 CIT				·
CITY-ST-ZIP	DIANDON I C 33311	☐ DELETE	3.1 TITLE] Change	Addition
NAME			3.2 NAM				
–	_)			ET ADDRESS			
STREET ADDRESS	٥		1	-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITL			Change	Addition
TITLE						1 0.10.130	
NAME			4. 2 NAN				
STREET ADDRESS	s			ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			7.05	□ A 2 2 2 2
TITLE	1	☐ DELETE	5.1 TITL		L] Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS	s		5.3 STR	ET ADDRESS		~	
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE	 		6.1 TITL			Change	☐ Addition
		☐ DELETE	6.1 HIL	·	L	Jonango	_
NAME		☐ DELETE	6.2 NAM			, orializa	_
NAME		∐ DELETE	6.2 NAM		_	Johango	_
NAME STREET ADDRESS	s	☐ DELETE	6.2 NAM 6.3 STR	E		Johango	_

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 of Sopplemental 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 of 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 an other like empowered.

SIGNATURE: