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 # P95000023793 (9)

DALE W. DELANEY, P.A.

FILED Mar 10 1998 8:00am Secretary of State

Prir	ncipal Place of Business	Mailing Address							
1212 COURT STREET SUITE C-1 CLEARWATER FL 34616 US		1212 COURT STREET SUITE C-1 CLEARWATER FL 34616 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1995				
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For S9-3304182 Not Applicable	 			
Suile, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	_			
24	Zip Country 25	7ip Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	g, Name and Address of Current DELANEY, DALE W	t Registered Agent		31 Name	10. Name and Address of New Registered Agent	_			
1212 COURT STREET SUITE C-1					,				
	CLEARWATER FL 34616			33 City	85 Zip Code	_			
11.	Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the control of the obligations of the control	of Florida. Such change was	s authorized	ove-named by the con	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered				

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signatur	re required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.		TO OFFICERS AND DIRECTO	RS IN 12
TITLE	D OF	LETE 1.1 TITLE		Change	Addition
NAME	DELANEY, DALE W	12 NAME			
STREET ADDRESS	11965 85TH TERR., N.	1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34642	1.4 CITY-ST-ZIP			
TITLE	D£	LETE 21 TITLE		Change	Addition
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY+ST-ZIP		ere .	
TITLE	DE	LETE 31 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3 4. CITY-ST-ZIP			
TITLE	□ DE	LETE 4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY-ST-ZIP			
TITLE	DI DI	LETE 5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	□ DI	LETE 6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
מול זם עדום		S 4 CITY - ST. 7ID	l		

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 of the receiver of 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.

SIGNATURE:

3-4-98

813-441-3848