Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90142 011 ***150.00

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

PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025803

1. Corporation Name

DIAL SA	LES ASSOCIATES, INC. 🦟	-			1,	ļ			
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Principal Place of Business Mailing Address						OBIN BONK BONK UNI	IN 11801 BUIÐI 18111		
13014 N DALE MABRY HWY 13014 N DALE MABRY HW			VY						
SUITE 139 SUITE 139					20 110	- WOITE IN TH	IC CDACE		
1		TAMPA FL 33618				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US <		US				•	allied		ł
	P. S.	On Mailing Address				03/31/1995 4. FEI Number	_	. Γ _{Δε}	plied For
<u> </u>	Place of Business	- 2a. Mailing Address				**		⊢	ot Applicable
21	# -4-	Suite, Apt. #, etc.			_	<u>59-3307505</u>	_		Additional
Suite, Apt.	#, etc.				-	5. Certificate of Status Desi	red 🔲	Fee Re	
City & State	<u> </u>	City & State				6. Election Campaign Fina	ncing -	\$5.00	May Ba
23		28				Trust Fund Contribution	ıvıığ 🗆	Added	
Zip	Country	Zip	Countr	У		8. This corporation owes th	e current vear l	ntangible	
24	25	29	30	-		Personal Property Tax.		Yes	□No
	9. Name and Address of Current		1			10. Name and Address of	New Registere	d Agent	
			. 81	1 N	ame				,
	EGGER, JOHN A.		83	82 Street Addres		ss (P.O. Box Number is Not A	ccentable)		
	GET DISPLAYS AND EXHIBITS 97	740 16TH S N	02	•	() ect Addic.	33 (1 .0. 20% (10))007 10 (10)		_	
ST F	PETERSBURG FL 33716		83	3					
		,	84	4 -	ity			85 Zip	Code
			ì		-		F		j
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the above	ve-na	med corpo	ration submits this statement f	or the purpose	of changing its	registered
office or n agent. I a	registered agent, or both, fir the State of m familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, Fl	orida Statute	y the s.	corporation	ra poura di allegiora. I ficiolo,	_		9.0.0.00
agent. i a	im ramiliar with, and accept the obligat	tions or, Section 607.0505, Fi	mua Statute	ъ.			7	-99	g
SIGNATURE	Signature, typed of printed name of registered agen	t and title if applicable. (NOT	E: Registered Age	ъ.		when reinstating)	DATE	- 90	
SIGNATURE	Signature, typed of printed name of registered agen OFFICERS AN	t end titly if applicable. (NOT	E: Registered Age	ent sign			DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature typed of printed name of registered agen OFFICERS AN	t and title if applicable. (NOT	E: Registered Age 13. 1.1 TITLE	ent sign		when reinstating)	DATE	- 90	
SIGNATURE 12. TITLE NAME	Signature typed of printed name of registred agen OFFICERS AN P NYDEGGER, SUSAN M	t end titly if applicable. (NOT	E: Registered Age 13. 1.1 TITLE 1.2 NAME	ent sign	nature required	when reinstating)	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered agen OFFICERS AN P NYDEGGER, SUSAN M 3309 WESTMORELAND DRIVE	t end titly if applicable. (NOT	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	nature required v	when reinstating)	DATE	AND DIRECTO	DRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR