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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90220 046 ***158.75



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000035233**

1. Corporation Name
DLR NET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**240 N WASHINGTON BLVD
 SUITE 700
 SARASOTA FL 34236**

Mailing Address
**240 N WASHINGTON BLVD
 SUITE 700
 SARASOTA FL 34236**

3. Date Incorporated or Qualified
05/05/1995

4. FEI Number
65-0591092

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 201 FLETCHER AVENUE
 Suite, Apt. #, etc.
22 (none)
 City & State
23 SARASOTA, FL
 Zip Country
24 34237-6019 25 USA

2a. Mailing Address
26 201 FLETCHER AVENUE
 Suite, Apt. #, etc.
27 (none)
 City & State
28 SARASOTA, FL
 Zip Country
29 34237-6019 30 USA

9. Name and Address of Current Registered Agent

**DU TREIL, LOUIS R SR.
 240 N WASHINGTON BLVD
 SUITE 700
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
201 FLETCHER AVENUE
 83
 84 City **SARASOTA, FL** 85 Zip Code **FL 34237-6019**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DU TREIL, LOUIS R SR.	
STREET ADDRESS	240 N WASHINGTON BLVD SUITE 700	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNDIN, JOHN A	
STREET ADDRESS	240 N WASHINGTON BLVD SUITE 700	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RACKLEY, RONALD D	
STREET ADDRESS	240 N WASHINGTON BLVD SUITE 700	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	201 FLETCHER AVENUE
1.4 CITY-ST-ZIP	SARASOTA, FL 34237-6019
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	201 FLETCHER AVENUE
2.4 CITY-ST-ZIP	SARASOTA, FL 34237-6019
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	201 FLETCHER AVENUE
3.4 CITY-ST-ZIP	SARASOTA, FL 34237-6019
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

John A. Lundin

4/22/99

941/329-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)