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

P95000068672 (1) **DOCUMENT #**1. Corporation Name

9. Name and Address of Current Registered Agent

BROADY, DIANA L

OCALA FL 34480

400 S.E. 123RD STREET ROAD

D.J.L. PROPER	rties, inc.						
Principal Place of Business Mailing Address							
400 S.E. 123RD STREET ROAD OCALA FL 34480 US US OCALA FL 34480 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995			
2. Principal Place of Business		2s. Mailing Address		4. FEI Number	Applied For		
21		26		59-3333704	Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z ip 29	Country 30	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intengible Yes X No		

85 Zip Code

11. Pursuant office or ragent, I a	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of, S	1508, Florida Statu Such change was ection 607.0505, Fl	tes, the above-named corr authorized by the corpora orida Statutes.	poration submits this statemention's board of directors. I he	int for the purpose of changing li ireby accept the appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent and tille if at	pplicable (NO)	E: Registered Agent signature requ	ked when reinstating)	DATÉ	
12.	OFFICERS AND DIRECTO		13.		S TO OFFICERS AND DIRECTOR	RS IN 12
T#TLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	BROADY, DIANA L		1.2 NAME			
STREET ADDRESS	400 S.E. 123RD STREET ROAD		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		. Change	Addition
NAME			2.2 NAME		•	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.9 STREET ADDRESS			
CITY-ST-7IP			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, own an attachment with an address

我沒有一樣不得人人 かいかいけん はれる ないしませい アンターをからないかい かんしい

FILED

May 11 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable