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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90226 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000091362

1. Corporation Name

D.A.L. DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| Principal Place of Business<br>853 VANDERBILT DR<br>#269<br>NAPLES FL 34108<br>US  |  | Mailing Address<br>853 VANDERBILT DR<br>#269<br>NAPLES FL 34108<br>US |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |  |
| 21 Suite, Apt. #, etc.   |  | 26 Suite, Apt. #, etc.  |  |
| 22 City & State  |  | 27 City & State   |  |
| 23 Zip Country   |  | 28 Zip Country  |  |
| 24   |  | 29  |  |
| 25   |  | 30  |  |
| 3. Date Incorporated or Qualified<br>11/29/1995  |  | 4. FEI Number<br>65-0627743   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br>Not Applicable   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$8.75 Additional<br>Fee Required                                     |  |
| 7. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | \$5.00 May Be<br>Added to Fees  |  |

9. Name and Address of Current Registered Agent

LEIK, DWAYNE A  
853 VANDERBILT DR #269  
NAPLES FL 34108

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 WARD H. WALSTROM DATE 4/23/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                            |                         |   |   |
|----------------------------|-------------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | PD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEIK, DWAYNE A          | 1.2 NAME  |   |
| STREET ADDRESS             | 853 VANDERBILT DR. #269 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 2.2 NAME  |   |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME  |   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 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:

WARD H. WALSTROM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99  
Date

616 586 1157  
Daytime Phone #

CR2E034 (11/98)