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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000008693 (9)**

BILL DELLINGER SERVICES, INC.

Princi	ipal Placi	e of B	usiness
16808	S.W. 5TH	I WAY	
CT 14	HINEDOA	I E E	22226

Mailing Address

16808 S.W. 5TH WAY

FILED Mar 04 1997 8:00am Secretary of State



FT. LAUDERD		FT. LAUDERDALE FL 33328-1547							
						3. Date Incorporated or Qualified 01/24/1996	3a. Da	te of Last F	Report
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number		IA	pplied For
21	. b . a.	26				65-0643732			ot Applicable
Suite Apt 22		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ite	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζιρ 29	30	intry		This corporation has liability for in Florida Statutes	ntangible Yes		s. 199.032,
24	9. Name and Address of Curre		[30]	Γ		10. Name and Address of New Reg			
DE	llinger, bill			81	Name				
	308 S.W. 5TH WAY			62	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
FT.	LAUDERDALE FL 33326						<u> </u>		
				83					
				84	City		FL	85 Zip	Code
11. Pursuari office or agent 1.	I to the provisions of Sections 607 05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statite of Florida Such change was igations of, Section 607.0505, I	utes, the al s authorize Florida Stal	bove d by lutes	enamed on the corpose.	orporation submits this statement for the p ration's board of directors. I hereby accep	urnose of	changing pintment as	its registered s registered
SIGNATURE									
12.	Storature hypertici proteoner elet registered a	egent and title if applicable (NO AND DIRECTORS	OTE: Registered	d Age	int signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND	DIRECTO	DS IN 12
161.F	PTSD	DELETE	1.1 1	TLE		ADDITIONO/OFFICE TO OFFICE	CITO AND	Change	Addition
NAME	DELLINGER, BILL		1.2 N						
STREET ADDRESS	16808 S.W. 5TH WAY				ADDRESS				
City+St-ZiP	FT. LAUDERDALE FL 33326		1.4 CI	ITY-S	ST-ZIP				
Mile		DELETE	2.1 TI	TLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$1	IREET	ADDRESS	e e			
City-St-7-P		DELETE			ST-ZIP		*#**	☐ Change	Addition
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NAME STREET ADDRESS					ADDRESS				
GITY-ST-ZIP					ST-ZIP				
Title		DELETE	4.1 Ti		<u></u>			Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY ST-ZIP		· · · · · · · · · · · · · · · · · · ·			3T - ZIP				
TITLE		☐ DELETE	5.1 Ti	TLE				Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DC: FTF			ST-ZIP			Chana-	# delition
TILLE		L_] DELETE	6.1 Ti					L Change	Addition
MAME manus a transfer			6.2 N						ł
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP	Land the life and a constitution	had with this filips does not a v			T-ZIP	tod in Section 110 07/2)/i). Elerida Statuta	1 forthon	andify the	t the

Two nevery 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 trusted 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 a attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

2/26/97

(954)428-7013