Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90075 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000018243

1. Corporation Name

DELANE	Y HOW REALIT CORP							
Principal Place	e of Business	Mailing Address				- [1 11001 10115 11011	01902 (11) 1021
807 S ORLANDO AVE								
SUITE C SUITE-10S-A						DO NOT WRITE IN THIS	S SDACE	
WINTER PARK FL 32789 WINTER PARK FL 32790 US US US						3. Date Incorporated or Qualifed	J OI AOL	
03		00				02/24/1996		{
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	pplied For
21	acc of Business	26 807 S Orlo	anda	, Av	e.	59-3384652	<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	•	27 Suite C				5. Certifcate of Status Desired	Fee Ro	equired
City & State	e	City & State		-		6. Election Campaign Financing	\$5:00	May Be
23		28 Winter Park	L, F	<u> </u>		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir		_ أ
24	25	29 32789 30	<u> </u>	USA		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	J Agent	
HIOVERA MARTO O				B1 Nam	e			}
HUCKEBA, JAMES C				B2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)	Part	
807 S ORLANDO AVE							 	·
SUITE C WINTER PARK FL 32789			1	B3				i
AAIIA	IER PARK FL 32/09		<u> </u>	B4 City		FI	85 Zip	Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obligated Signature, typed or printed name of registered ager	of Florida. Such change was autr tions of, Section 607.0505, Florid	iorized a Statui	by the co les.	rporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of t	ointment as re	egistered
12.	OFFICERS AN	D DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITL	.E			☐ Change	☐ Addition
NAME	HŲCKEBA, JAMES C		1.2 NAM	Æ			0	
STREET ADDRESS	974S ORLANDO SUITE C		1.3 STR	EET ADDRE	s 8	07 S. Orlando Ave Suite	, C	j
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CIT	Y-ST-ZIP	U	Vinter Park, FL 32789		
TITLE	☐ DELETE 2.11		2.1 TITL	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAM	Æ				}
STREET ADDRESS			2.3 STR	EET ADDRE	ss			į
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TITLE	☐ DELETE 3.11		3.1 TITL	£			Change	Addition
NAME			3.2 NAM	Æ				
STREET ADDRESS			3.3 STF	EET ADDRE	38			
CITY-ST-ZIP				Y-ST-ZIP			Charas	☐ Addition
TITLE		☐ DELETE	4 1 TITL				Change	
NAME			4 2 NA					j
STREET ADDRESS				EET ADDRE	SS			
CITY-ST-ZIP		D DELETE		Y-ST-ZIP	_		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITL				L Change	
NAME			5.2 NAM					+
STREET ADDRESS				REET ADDRE Y-ST-ZIP	30			
CITY-ST-ZIP		☐ DELETE	6.1 TITI				☐ Change	Addition
TITLE		_ occit	6.2 NAM					<u> </u>
NAME				REET ADDRE	ss			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, 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 porporation or the purifyer or to stee 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 report of the porporation of the purifyer of the porporation of the purifyer or to stee 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 report of the purifyer of the purifyer of the porporation of the purifyer of th

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR