

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

DOCUMENT # **P96000038097 (7)**

1. Corporation Name  
**D.A.L. CONSULTING, INC.**



Principal Place of Business  
**100 LAKEVIEW DR  
STE 207  
FT LAUDERDALE FL 33326  
US**

Mailing Address  
**100 LAKEVIEW DRIVE  
STE 207  
FT LAUDERDALE FL 33326  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/02/1996**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
**65-0663179**

Applied For  
☐ Not Applicable

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAZARUS, DAVID M  
1815 GRIFFIN ROAD  
SUITE 403  
DANIA FL 33004**

NOTE: Same agent but  
note address change.

10. Name and Address of New Registered Agent

81 Name **Lazarus, David M. Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**235 N. University Drive**  
83 City  
**Pembroke Pines** FL 85 Zip Code  
**33024**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>PD</b>			<input type="checkbox"/>
	<b>LANGE, DAVID A</b>			
	<b>100 LAKEVIEW DRIVE SUITE 207</b>			
	<b>FT. LAUDERDALE FL 33326</b>			
	<b>SD</b>			<input type="checkbox"/>
	<b>LANGE, DORIAN</b>			
	<b>300 RACQUET CLUB RD STE 101</b>			
	<b>FT. LAUDERDALE FL</b>			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

*[Signature]*

3/27/98

854389-4532

CR2E034 (10/97)