

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043297

Corporation Name

DAL ASSOCIATES, INC.

Principal Place of Business

122 RUBY RED LANE, STE. 500
LONGWOOD, FL 32750

Mailing Address

122 RUBY RED LANE, STE. 500
LONGWOOD, FL 32750

3. Date Incorporated or Qualified
MAY 13, 1996

3a. Date of Last Report

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applied

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.
~~15 SIDONA AVENUE~~
~~SUITE 2~~
~~CORAL GABLES FL 33134-3440~~

81 Name
FLORIDA INCORPORATORS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVENUE
83 SUITE 900
84 City
MIAMI
85 Zip Code
FL 33131

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

MARK HANKINS, PRESIDENT, FLORIDA INCORPORATORS, INC.

4/30/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	13	14
1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	1.2 NAME	
1.3 STREET ADDRESS	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	2.2 NAME	
2.3 STREET ADDRESS	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	3.2 NAME	
3.3 STREET ADDRESS	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	4.2 NAME	
4.3 STREET ADDRESS	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	5.2 NAME	
5.3 STREET ADDRESS	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	6.2 NAME	
6.3 STREET ADDRESS	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

500002167675--9
-05/06/97--01083--003
***165.00 ***165.00

I do 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. 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:

DAVID A. LEWIS, PRESIDENT

April 29, 1997

Date

Daytime Phone #