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PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT # P96000043976 (5)** 

**FILED** May 14 1997 8:00am Secretary of State

Delante - LOI	ANAGEMENT, INC.		the same						
Principal Place of Business Mailing Address  109 OVERLEA WAY 46 N. WASHINGTON BLVD., VENICE FL 34292 SARASOTA FL 34236-5977						1 18 9 19 9 1 10 10 10 10 10 10 10 10 10 11 10 1			
						3. Date Incorporated or 05/17/1996	Qualified 3a.	Date of Last I	Report
_	lace of Business	2a.	Mailing Address	a la = 11	100	4. FEI Number 65-0676486		F	pplied For
Suite, Apt.	# etc	26	109 000 Suite, Apt #, etc.	rica u	Joy	03-0070480			lot Applicable
22	W, O.O.	27	Olite, PAPE II, Clo.			5. Certificate of Status D	esired		Additional lequired
City & State	e		City & State			6. Election Campaign Fir	nancing	\$5.00	May Be
23		28	Venice	<i>[-</i> C		Trust Fund Contribution			to Fees
Zip	Country		34292	Count	(54	8. his corporation has I			s. 199.032,
24	25 Name and Address of Curre	29 ent Regist		30  レ	1 5	Florida Statutes  10. Name and Address of	Yes	77-	
9. Name and Address of Current Registered Agent SHESLER, VICKIE L					1) Name	IV. ITELING AND MUUIOSS	· · · · · · · · · · · · · · · · · · ·	on whelit	
46 N. WASHINGTON BLVD., #1				8:	9 Street A	ddraen (D.C. Boy Number - No.	Accontables	····	
SARASOTA FL 34236				8	oneer Ac	ddress (P.O. Box Number is Noi	ryccehiane)		
				8:	3				
				8	1 City			<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. Familiar with, and eccept the obligations of, Section 607.0505, Florida Statutes.					]			-L	
			00000100110000	, rionda Statute	98.				
SIGNATURE .	Signature, typed or punied name of registered a OFFICERS A		fapplicable (			squired when reinstalling)  ADDITIONS/CHANGES	DAT	E	
12. TITLE	OFFICERS AI		fapplicable (	NOTE Registeres A	gent Signature re	equired when reinstating)	DAT	E	
12. TITLE NAME	OFFICERS A D MCGIFFEN, JOHN W		fapplicable (	NOTE Registerso As 13. 1.1 TITLE 1.2 NAM	gent signature re	equired when reinstating)	DAT	II AND DIRECTO	RS IN 12
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I have by coming the time minimation supplies with this timing does not quality for the exemption stated in section 119.07(3)(i), Florida Statules. I further coeffly 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 eath, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.

(941)

497-4786