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

DOCUMENT # P96000078114 (1)

DELLA SALA & MCNEELY ENTERPRISES, INC.

Principal Place of Business Mailing Address					a seminari ita tanta mart aditt aditi danit	##11 14##1 1#1#1 BI##1 P!#!! #1#! 4##!
SOI E POLKKSON STREET 700 RUTGER PLACE						
FED. ANNEX BLDG SUN CITY FL 3357: TAMPA FL 33602					DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	
					09/19/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	* -1-	26			59-3405394	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			(Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	
24	26	29	30		Personal Property Tax due June 3	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regi	stered Agent
DEI	LLA SALA, ANTHONY			81 Name		
700 RUTGERS PLACE				82 Street /	Address (P.O. Box Number is Not Acceptable	*)
SUN CITY CENTER FL 33573						,
			Ï	83		
				84 City		85 Zip Code
				J.,		FL 3 20000
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig-	l2 and 607.1508, Florida Statut of Florida: Such change was a ations of, Section 607.0505, Fk	es, the at authorize orida Stat	cove-named d by the corp utes.	corporation submits this statement for the pur poration's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	Office and table 4 applicable to the bost and	C. Bacielara	Anna manahua	required when reinstating)	DATE
12.	OFFICERS AN		13.	About Bibrants	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1.1 TI	LE		Change Addition
NAME	DELLA SALA, ANTHONY		1.2 NA	ME I		ì
STREET ADDRESS	700 RUTGER PLACE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		1	ry-st-zip		ì
TITLE	VP	DELETE	2.1 70			Change Addition
NAME	DELLA SALA, JUDITH K		2.2 N	ME		ľ
STREET ADDRESS	700 RUTGER PLACE		2 3 ST	HEET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		2.4 C	TY-ST-ZiP)
TITLE	ST	☐ DELETE	3.1 11	LE .		Change Addition
NAME	MCNEELY, BOBBIE SUE		3.2 NA	ME		
STREET ADDRESS	505 RICKENBACKER DRIVE		3.3 ST	REET ADDRESS		
CETY - ST - ZIP	SUN CITY CENTER FL 33573		3.4. CI	TY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 Til	LE		☐ Change ☐ Addition
NAME			4.2 N	ME		Į.
STREET ADDRESS			4.3 ST	REET ADDRESS		
C/TY-ST-ZIP	L		4.4 CF	Y-ST-ZIP	l	
TITLE		DELETE	5.1 Til	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5351	REET ADDRESS	ļ	
CITY-ST-ZIP			5.4 Cr	Y-ST-ZIP		}
TITLE		DELETE	6.1 (1)			Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

May 08 1998 8:00am

Secretary of State