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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102697 (5)

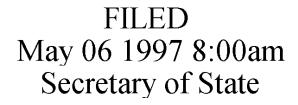
DALFER, INC.

Principal Place of Business

Mailing Address

204 SPRING RUN CIRCLE

204 SPRING RUN CIRCLE





LONGWOOD FL	32799	LONGWOOD FL 32779497			
				3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report
2. Principal Pie	ace of Business N.ATVANTIC A	2a. Marling Address		4. FEI Number	
				59-3416804	Not Applicable
Suite, Apt. 4 22 609		Suite, Apt. #, etc. 3	20518	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	BEACH, FL	City & State 28 COCOA BE	ACH, FL	6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 241 3293	Country 25 VSA	29 32932-02K	Country	This corporation has liability for in	ntangible tax undor s. 199.032,] Yes - ₩ No
24; 56;		Current Registered Agent	30]	10. Name and Address of New Rep	
EEQD	ELL, RONNIE		B1 Name		
204 SPRING RUN CIRCLE			82 Street Add	(D. C. D. A. L. S. D. S. D. A. L. S. D. S. D. A. L. S. D. S. D. A. L. S. D. S. D. S. D. A. L. S. D. S. D. A. L. S. D. S. D. S. D. A. L. S. D. S.	
	WOOD FL 32789		Street Add	dress (P.O. Box Number is Not Acceptab	ie)
24			83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
	Signature, typed or printed name of regi		E: Registered Agent signature req		DATE
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, RONNIE 204 SPRING RUN CIRCL LONGWOOD FL 32799	□ DELETE	1.1 THE 1.2 NAME 1.3 STREET ADDRESS 3.1.4 City-S1-2ip	ERRELL, RONNIE OGON ATLANTIC AVE #609 OCOA BEACH, FL 32931	L Change [Adomon
TITLE		☐ DECETE	2.1 TRLE		Change Addition
NAME			2.2 NAME		
- STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 C(1) Y - S1 - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	·	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		E Deteri	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 C(TY - ST - Z)P		
TITLE		DELFTE	51 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY - ST - 7IP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		30	6.2 NAME		
STREET ADDRESS	· ·	1-	B o B OTDOG 3 4 DODG OC		
		J	6.3 STREET ADORESS		

I oo nereby certify that the information expolied 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 chapter 6 or on an attachment with an address.

4.27.97