SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DO

| 1. Corporatio | P. DELVES, P.A. | Mailing Address | | |
|---|--|--|---|--|
| Principal Place 1406 KINGSLE ORANGE PARK | Y AVE | Mailing Address 1406 KINGSLEY AVE ORANGE PARK FL 32073 | | DO NOT WRITE IN THIS \$PACE |
| | | | | 3. Date Incorporated or Qualified 01/31/1997 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For Not Applied For |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | | City & State | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | B. Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zip | Country 25 | Zip 29 | Country 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curre | | 81 Name | 10. Name and Address of New Registered Agent |
| DELVES, DANIEL P 1406 KINGSLEY AVE ORANGE PARK FL 32073 | | | | Address (P.O. Box Number is Not Acceptable) |
| | | | 84 City | FL 85 Zip Code |
| SIGNATURE | Signature, typod or prinind harne of registered ag | and title if applicable (N | OTE Registered Agent signatu | |
| 12. | OFFICERS A | ND DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | DELVES, DANIEL P | [_] DELETE | 1.2 NAME | Change Additio |
| STREET ADDRESS CITY-ST-ZIP | 1406 KINGSLEY AVE ORANGE PARK FL 32073 | | 1.3 STREET ADDRESS | |
| TITLE | | DELETE | 2 1 TITLE | Change Additio |
| NAME | | L''I MECCIE | 2 2 NAME | La change La Manilo |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | • . |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
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| TITLE | | DELETE | 5.1 TITLE | Change Addition |
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| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | f = percet | 6.2 NAME | L. J Modified |
| STREET ADDRESS | + | | 6,3 STREET ADDRESS | |

6.4 CITY-ST-ZIP

-117 GR

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 of trues empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attrustment with an address.