## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1000 °



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## Sep 15, 1999 8:00 am Secretary of State Katherine Harris

09-15-1999 90011 005 \*\*\*550.00

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DOCUMENT # P97000011367							
DANIEL	P. DELVES, P.A.						
					A INDIVIDENTAL HOUR HOURS AND ARTHUR ARTHUR	14 <b>66</b> 1 41 <b>66</b> 1411 <b>6 6</b> 1111 4 <b>16</b> 1 4 <b>86</b>	
}							
Principal Place of Business Mailing Address					I LEGITED! (IN 1811) INDIANI ARTIC ENIT ONLY AND IN	(1831 11368 (11110 OLL) (1685 108)	
1406 KINGSLEY AVE ORANGE PARK FL 32073  1406 KINGSLEY AVE ORANGE PARK FL 32073					DO NOT WRITE IN THE	00405	
<i>)</i>					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
					01/31/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					59-3429866	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required		
22 27							
City & State City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be	
23	28				Trust Fund Contribution		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	a	
24 25 29 30				r	Intangible Personal Property. Yes No		
ļ	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered	Agent	
DELVES, DANIEL P				O I Name			
1406 KINGSLEY AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
ORANGE PARK FL 32073				83			
A. Santanian			N. Z.			tymot t tug gar	
			<i>-</i>	<b>李</b> 阿斯巴森	FL	85 Zip Code	
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Sùch change was a	uthorize	d by the corpora	oration submits this statement for the purpose of ch tion's board of directors. I hereby accept the appoi	anging its registered the itment as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rein						D DUDEOTO DO IN 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	<u> </u>	
TITLE	D DANIEL D	DELETE	1.1 TC	Į		Change Addition	
NAME	DELVES, DANIEL P		1.2 NA				
STREET ADDRESS				REET ADDRESS		{ 🛱	
CITY-\$T-ZIP	ORANGE PARK FL 32073		1.4 CI 2.1 TI	ry-st-zip			
NAME		DELETE	2.1 II			Change Addition	
STREET ADDRESS			- 6	REET ADDRESS			
1				TY-ST-ZIP			
CITY-ST-ZIP		DELETE	2.4 CI			Change Addition	
NAME	•		3.2 NA	1		change [] received	
STREET ADDRESS				REET ADDRESS			
1							

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP ... CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l). 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 composation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporation of in Block 12 or Block 13 if changed, or on or the receiver or trustee empowers on an attachment with an address.

6.2 NAME

3.4 CITY-ST-ZIP 4.1 TITLE

4.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CiTY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITI F

NAME

TITLE

NAME

TITLE

Change Addition

Addition

Change