## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018872 (6)

DELANI	EY SERVICES, INC.	•			
Principal Place	e of Business	Mailing Address		r restandt till abert about doute sergt getilt altiet tr	001 1919( 1011) 10019 JJB1 108)
10803 WAXBERRY COURT 10803 WAXBERRY COURT TAMPA FL 33624			Т	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
_				02/24/1997	
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3443700	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	_ ' _ "
24	25	29	30	Personal Property Tax due June 30.	Yes No
***************************************	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
	rker, sally a		81 Name		
	903 WAXBERRY COURT		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33824		83		
			63		
			84 City		85 Zip Code
				F	
agent I a SIGNATURE	Signature, typed or printed name of ingistered ag-		orida Statutes.  E Registered Agent signature requirements 13.	coration submits this statement for the purpose tion's board of directors. I hereby accept the approved when reinstating   DATE    ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PARKER, SALLY A		1.2 NAME		
STREET ADDRESS	10603 WAXBERRY COURT		1.3 STREET ADDRESS		
CITY-ST-2IP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	WILSON, SUZSANNE O		2.2 NAME		_ • _
STREET ADDRESS	10603 WAXBERRY COURT		2.3 STREET ADORESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	<del></del>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	<del></del>	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
0024 07 710			CACUTY CT TO		

14. Thereby 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.

SIGNATURE:

Q. Parker President Delany Services, Qre. April 27,1998