

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000028713

1. Corporation Name  
DLANE, INC.

Principal Place of Business  
9861 FAIRWAY COVE LANE  
PLANTATION FL 33324

Mailing Address  
9861 FAIRWAY COVE LANE  
PLANTATION FL 33324

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 29 AM 11:24



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0827403

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes No

9. Name and Address of Current Registered Agent

SANTIAGO, LUIS  
9861 FAIRWAY COVE LANE  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

200002948802--8

84 City

-08/03/99-01041-016

\*\*\*\*150.00

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANTIGO, LUIS	
STREET ADDRESS	9861 FAIRWAY COVE LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTIGO, DIANA M	
STREET ADDRESS	9861 FAIRWAY COVE LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

7/22/99 954-520-6487

CR2E034 (5/99)

**STEPHEN M. ZALKA, CPA & Co.**  
CERTIFIED PUBLIC ACCOUNTANTS

Killian Professional Village  
10729 S.W. 104 Street  
Miami, Florida 33176

Coral Springs Office  
6437 N.W. 99th Avenue  
Parkland, Florida 33076  
Phone: (305) 346-7786

Phone: (305) 279-1288  
Fax: (305) 596-1372  
Internet: SZalkacpa@AOL.COM

July 9, 1999

Mr. Sean Toner  
Senior Section Administrator  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

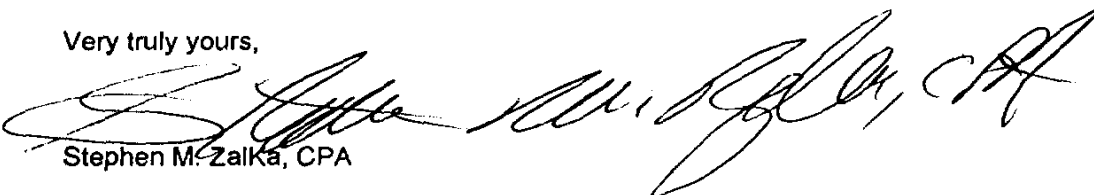
Re: Initial Year Corporation-1999  
DLANE, INC.

Dear Mr. Toner:

The Corporation referred to above is surprised that the State is charging him a penalty for non-filing of the Annual Report when the corporate office address was changed recently and he never received the original Annual Report form for 1999. Since, this is his first year and he obviously did not intentionally not send in \$150.00. We request that he be reinstated for the \$150.00, which he would have sent back in May, if he would have received the proper notification.

Considering these circumstances please accept this payment as satisfaction of his current liability to the State.

Very truly yours,



Stephen M. Zalka, CPA

SMZ/mcb