

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  
1999



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

DOCUMENT # P98000068141

1. Corporation Name

DEL SOL REALTY, INC.

FILED

99 SEP 29 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

517 W. COLONIAL DR.  
ORLANDO FL 32804

Mailing Address

517 W. COLONIAL DR.  
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

59-3527774

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Same as Above

Suite, Apt #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same as Above

Suite, Apt #, etc

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

SUAREZ, ANTHONY  
517 W. COLONIAL DR.  
ORLANDO FL 32804

81 Name

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

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84 City

FL

85 Zip Code

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

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

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