PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000105550

DLIANCE TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

5350 AMBERLY DRIVE. SUITE 1314 TAMPA FL 33647

15350 AMBERLY ORIVE. SUITE 1314 TAMPA FL 33647

FILED

May 17, 1999 8:00 am Secretary of State

05-17-1999 90025 034 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 12/18/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 25 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation owes the current year Intangible Country Zip ☐ Yes Personal Property Tax. 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPENCER, HERMAN

15350 AMBERLY DRIVE, SUITE 1314 TAMPA FL 33647

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FI 85 Zip Code

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 register 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 like if applicable, (NOTE: Re	gistered Agent signature	equired when reststating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PRESIDENT DELETE	1.1 TITLE	President	Change	Addition
NAME	PRESIDENT DOLLETE HERMAN SPENCER 15350 Amptrly Da #1314 Tampa FL. 33647	1.2 NAME	PRESIDENT HERMUN SPENCER 15350 Ambirty Da. #1314 Jampu FL. 33647		
STREET ADDRESS	15350 Amptry Da H1319	1.3 STREET ADORESS	15350 Ambirely Da. HI 019		1
CTY-ST-ZPP	Tampa FL. 33647	1.4 CITY-ST-ZIP	Jampa T-L. 33647		T Addison
TITLE	DELETE	2.1 TITLE	'	Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			}
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			1
CITY-ST-ZIP		3.4, CTTY-ST-ZIP		F3.00	P ^{art} I delaine
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4, 2 NAME			}
STREET ADDRESS		4.3 STREET ADDRESS			}
CITY-ST-ZEP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-SY-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	&1 TITLE		Change	☐ Addition
NAME		8.2 NAME			ł
STREET ADDRESS		6.3 STREET ADDRESS			ļ
COY-ST-ZIP		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 foliate 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 or the statement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED