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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

101

 Corporation 	DALE PROPERTIES INC.	5 (8)		
Principal Place	e of Business	Mailing Address		* (UNIVERSITY OF STATE OF STAT
804 SOUTHERN BLVD. WEST PALM BEACH FL 33405-2530		804 SOUTHERN BLVD. WEST PALM BEACH FL 93405-2530		
				3. Date Incorporated or Qualified 12/10/1990 39. Date of Last Report 03/29/1996
2. Principal Pl	lace of Business	26. Mailing Address		4. FEI Number Applied For 65-0231955 Not Applied be
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z:p	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
804	OWN, DONALD S. SOUTHERN BLVD. ST PALM BEACH FL 33405		82 Str 83	Name Street Address (P.O. Box Number is Not Acceptable) City B5 Zip Code
11. Pursuant in office or magent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505.	as authorized by the Florida Statutes.	named corporation submits this statement for the purpose of changing its registered ne corporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY: ST: 21P	DP Brown, Donald S. 804 Southern Blvd. West Palm Beach Fl	[] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY - ST - ZIP	
TITLE		DELETE	21 TITLE	Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADOR	ODECC
CHY-S1-ZIP			2.4 CITY-ST-ZIF	
THE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	ORESS
CHY-ST-ZIP			3.4. CITY - ST - ZIF	ŽIP (
TrILE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	ORESS
CITY - ST - ZIF		·	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STHEET ADDRESS			5.3 STREET ADDR	DRESS .
CITY- S1- ZIP	and to Payor and a series of the series of t		5.4 CITY-ST-ZIP	
1111.6		☐ DELETE	6.1 TITLE	Change Addition
MAME	İ		6 2 NAME	

63 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - S1 - ZIP

14. If do 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 sympowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fillock 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 01 1997 8:00am

Secretary of State