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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
C/O IRWIN S. MEYER 1 BLUE HILL PLAZA, SUITE 1006, BOX 1663 PEARL RIVER NY 10965-8663	4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802 US

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90149 047 ***150.00

1. Corporation	/IEN # S1918	2				
1: -	DALE ANALYTICS INC.					
LACOLITO	WILL WAY ET 1100 HVO.					
Principal Place	of Business	Mailing Address				
C/O IRWIN S. M		4435 OLD WINTER GARDE	N ROAD			
1 BLUE HILL PLAZA, SUITE 1006, BOX 1663 ORLANDO FL 32802 PEARL RIVER NY 10965-8663 US				DO NOT WRITE IN THIS SPACE		
FEARE MILES IN	10000000	00			Date Incorporated or Qualified	
					12/13/1990	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number Applied F	
21		26			13-3603455 Not Appli	
Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required	nal
City & State		City & State			6. Election Campaign Financing 5.00 May B	
23		28			Trust Fund Contribution Added to Fees	1
Zip	Country	Zip	Country	,	This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax Yes No	
	9. Name and Address of Curr	ent Registered Agent	-	1	10. Name and Address of New Registered Agent	
VI C	ODDODATE SERVICES INC		81	Name		
	ORPORATE SERVICES, INC. OLD WINTER GARDEN RD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	NDO FL 32802		83			
Ones	1400 1 6 32002		03			
			84	City	FL 85 Zip Code	\
11. Pursuant to	the provisions of Sections 607 0	502 and 607 1508. Florida Statuti	es, the abov	L	progration submits this statement for the purpose of changing its register	ered
office or re-	gistered agent, or both, in the Sta i familiar with, and accept the obli	e of Florida. Such change was a	uthorized by	the corporati	ation's board of directors. I hereby accept the appointment as registere	ea
SIGNATURE	Turrina Titti, and doospe and os-	, and the second				[
300000000000000000000000000000000000000	ilignature, typed or printed name of tegistered a			ut eidustica tedina	wed when consisting) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
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	NAME MEYER, IRWIN S STREET ADDRESS 1 BLUE HILL PLAZA, STE. 1006, BOX 1663 N/A		- 1	† ADDRESS		
	PEARL RIVER NY			1-ZIP		ł
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CITY-ST-ZIP	artify that the information supplied	with this filing does not quality to	6 t CITY S		n Section 119.07(3)(i) Florida Statutes I further certify that the informa	ation

indicated on this annual report of 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 reporation or the receiver or thistee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in anged or on an attachment with an artifless, with all other like empowered officer or director of the co Block 12 or Block 13 if ch

SIGNATURE:

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF