

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S46816 (2)
1. Corporation Name
DELLA CORPORATION OF LAKE LAND

Principal Place of Business 4265 US HWY 98 N STE 105 LAKE LAND FL 33809 US	Mailing Address 4265 US HWY 98 N STE 105 LAKE LAND FL 33809 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5337 N. Socrum Loop Suite, Apt. #, etc. 105 City & State LAKE LAND FL Zip 33809 Country US		2a. Mailing Address 26 5337 N. Socrum LP Suite, Apt. #, etc. 105 City & State LAKE LAND FL Zip 33809 Country US		3. Date Incorporated or Qualified 04/22/1991	
22		27		4. FEI Number 59-3070276	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOWERS, JAMES C 4265 US HWY 98 N STE 105 LAKE LAND FL 33809				10. Name and Address of New Registered Agent 81 Name JAMES C. BOWERS 82 Street Address (P.O. Box Number is Not Acceptable) 5337 N. Socrum Loop STE 105 83 84 City LAKE LAND FL 85 Zip Code 33809			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWERS, JAMES C			1.2 NAME			
STREET ADDRESS	4265 US HWY 98 N-SUITE 105			1.3 STREET ADDRESS	5337 N. Socrum Loop STE 105		
CITY-ST-ZIP	LAKE LAND FL			1.4 CITY-ST-ZIP	LAKE LAND FL 33809		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWERS, LOIS J			2.2 NAME			
STREET ADDRESS	4265 US HWY 98 N. SUITE 105			2.3 STREET ADDRESS	5337 N. Socrum Loop STE 105		
CITY-ST-ZIP	LAKE LAND FL			2.4 CITY-ST-ZIP	LAKE LAND FL 33809		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0412602

CR2E034 (10/97)