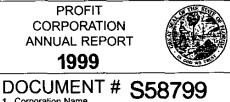
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DEALINACIT COMMUNICATIONIC INC

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90247 002 ***150.00

DEMUIVIC	ONT COMMUNICATIONS, IN	Ю.									
Principal Plac	e of Business	Mailing Address						J., B.#11 #11	**1 67611 614		
4584 MERCANT	ILE AVENUE	4584 MERCANTILE AVENU	4584 MERCANTILE AVENUE								
SUITE A		SUITE A				1	DO NOT IMPITE I	ы тыс	SDACE		
NAPLES FL 339	342	NAPLES FL 33942				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							06/07/1991				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For			Applied For	
21		26					00 00 10000			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired]	\$8.75 Additional Fee Required		
City & Stat	e	City & State					6. Election Campaign Financing		\$5.0	0 May Be	
23		28					Trust Fund Contribution	J	•	d to Fees	
Zip	Country	Zip	C	ountry			8. This corporation owes the current	year Inta	ngible		
24	25	29	30				Personal Property Tax.	•	Yes	□No	
	9. Name and Address of Currer						0. Name and Address of New Regi	istered /	gent		
				81	Name					i	
	OVAN, WILLIAM A.			82	Ctrast	Addross	(D.O. Roy Number is Not Assentable	·			
2664	AIRPORT ROAD				Street	Address	ddress (P.O. Box Number is Not Acceptable)				
SOU	TH			83							
NAP.	LES FL 33962										
				84	City			FL	85 Z	p Code	
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was atlons of, Section 607.0505, Fl	authoriz lorida St	ed by atutes	the corp	ooration's	ion submits this statement for the pur board of directors. I hereby accept th	е арроіп	tment as	registered	
···	Signature, typed or printed name of registered age				t signature i	required who	an reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIBEC	TOPS IN 12	
12.		ND DIRECTORS	1	TITLE		1	ADDITIONS/CHANGES TO OFFIC	ERS AIN	Chang		
TITLE	PD DEALBROADE CARY DOV	L] Dereie				İ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	BEAUMONT, GARY ROY			NAME		1				1	
STREET ADDRESS	6664 STONEGATE DRIVE				ADDRESS	'					
CITY-ST-ZIP	NAPLES FL	□ DELETE		CITY-S	r-zip				Chang	je Addition	
TITLE	S	ריו מברבוב		TITLE					Crian	ge	
NAME	BEAUMONT, WALTER CHAD			NAME		1				Ì	
STREET ADDRESS	l '				ADDRESS	·]	•				
CITY-ST-ZIP	NAPLES FL	[] prieze		4 CITY-S	T-ZIP	 			Chang	e [] Addition	
TITLE	•	☐ DELETE		TITLE					□ Chan		
NAME				NAME						ł	
STREET ADDRESS					ADDRESS	·					
CITY-ST-ZIP		[] belete		CITY-S	T-ZIP	_			Chan	ge 🗀 Addition	
TITLE		☐ DELETE		TITLE							
NAME	}			2 NAME		. [
STREET ADDRESS					ADDRESS	1					
CITY-ST-ZIP		☐ DELETE		CITY-S	I-ZIP	+			☐ Chan	ge Addition	
TITLE		☐ nereig	1	NAME						3	
NAME	\				ADDRESS	.				ł	
STREET ADDRESS				CITY-S		`l					
C(TY-ST-ZIP		□ pereze		TITLE	1 - ZIF	 			Chan	ge	
TITLE		☐ DELETE							C) Origin	go [] 7100(80)1	
NAME	{		- 8	NAME	. *DDDCCC	.]				ł	
STREET ADDRESS			1		ADDRESS	`					
CITY-ST-ZIP			6.4	CITY-S	T-ZIP	1					

14. 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 amfuel 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, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #