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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # \$77971



Secretary of State DIVISION OF CORPORATIONS

## Mar 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE .. Katherine Harris

03-30-1999 90001 026 \*\*\*150.00

**FILED** 



DELSON	i industries, ii	NC.												
Principal Place	e of Business	· · · · ·	Mailing Address	· ·				111		) (   1   1   1   1   1   1   1   1   1	<b>9</b> 1918 <b>9</b> 11			
3915 101 ST., W.			3915 101 ST., W. BRADENTON FL 34210					DO NOT	WRITE IN	THIS S	SPACE			
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2. Principal Place of Business			2a. Mailing Address					4. FEI Nur				A	pplied For	
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				ξ.	5. Certifca	te of Status Desire	ed 🗆			Additional	1
22		2											tequired	4
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24	9 Name and Add	ress of Current Reg		1301	<del>T</del> -				and Address of N	ew Regist				7
KLEIN, W. R.								ANET H. OLSON						
	O MAIN ST.				82	Street A	ddress	(P.O. Box	Number is Not Ac Street	ceptable) N _				
	TE 211		٠٠ ممبر		83		<u>/エノ</u>	T 0 T	<u> </u>					╣
	ASOTA FL 34236				84				· · · · · · · · · · · · · · · · · · ·			<del></del>		4
						City BRA		DENTON,			FL	85  강	1200 4210	
11. Pursuant	to the provisions of Se	actions 607.0502 and	1 607.1508, Florida S	tatutes, the	above	named o	ornora	tion submits	this statement fo	r the purpo	se of c	hanging i	s registered	1
office or r	registered agent, or bo am familiar with, and ac	th, in the State of Flo	onda. Such change w	as autnonze	ea by i	ine corpo	ration's	board of di	rectors. I hereby a	accept the	appoin	tment as i	egistered	
-		41.00	7				NT ec	n. Pr	esident		Mar	ch 2	5.1999	1
SIGNATURE	Signature, typed or printed na	me of registered agent and to	itle if applicable.	NOTE: Registere				en reinstating)		ÐA	TE			1 8
12.	/	OFFICERS AND DI		13		<del>`</del>		ADDITIO	NS/CHANGES TO	OFFICER	RS AND			.  {
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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, with all other like empowered.

SIGNATURE