


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90022 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V65118					
1. Corporation Name DLSA, INC.					
Principal Place of Business 307 SOUTH DIXIE HWY LAKE WORTH FL 33460 US			Mailing Address 926 LA COSTA WAY LANTANA FL 33462-4130 US		
2. Principal Place of Business 21 702 SOUTH DIXIE HWY Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 5865 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/18/1992	
22		27		4. FEI Number 65-0356966 NOT APPLICABLE Applied For Not Applicable	
23 LAKE WORTH, FL City & State Zip 33460 Country USA		28 LAKE WORTH, FL City & State Zip 33466 Country USA		5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SISSON, DUANE L 926 LA COSTA WAY LANTANA FL 33462				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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 <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			1.2 NAME		
STREET ADDRESS SISSON, DUANE L			1.3 STREET ADDRESS		
CITY-ST-ZIP 926 LA COSTA WAY			1.4 CITY-ST-ZIP		
CITY-ST-ZIP LANTANA FL					
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S			2.2 NAME		
STREET ADDRESS SISSON, MARGARET			2.3 STREET ADDRESS		
CITY-ST-ZIP 926 LA COSTA WAY			2.4 CITY-ST-ZIP		
CITY-ST-ZIP LANTANA FL					
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VD			3.2 NAME		
STREET ADDRESS SISSON, D. LYLE			3.3 STREET ADDRESS		
CITY-ST-ZIP 3938 KENSKILL CIR			3.4 CITY-ST-ZIP		
CITY-ST-ZIP LANTANA FL					
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VM			4.2 NAME		
STREET ADDRESS SISSON, DALE L			4.3 STREET ADDRESS		
CITY-ST-ZIP 3841 DALE RD.			4.4 CITY-ST-ZIP		
CITY-ST-ZIP W. PALM BEACH FL					
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		

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

561-533-1577

Date

Daytime Phone #

CR2E034 (1/98)