Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90127 047 \*\*\*150.00

## 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

## DOCUMENT # V

1. Corporation Name

DALZIEL	SUPPLY WORLD, INC.	.>						
Principal Place	of Business	Mailing Address			ועום ווקם וונום סונון ססווו סקסטן ונסוום ווסטן ו	† Bland Blatt bratt A	וספו ונסוס ווסו	
920 EAST CARROLL STREET KISSIMMEE FL 34744 US		920 EAST CARROLL STREET KISSIMMEE FL 34744 US		DO NOT WRITE IN TH	IS SPACE			
					3. Date incorporated or Qualifed 10/19/1992			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3149478	<u> </u>	plied For t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27			<del>.</del>		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to			
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible		ntangible	□No	
24	25 29 30				Torportar Teporty Text			
Name and Address of Current Registered Agent				T No	10. Name and Address of New Registere	a Agent		
WAKEFIELD, S. CRAIG			81 82	Name Street Addre	dress (P.O. Box Number is Not Acceptable)			
1400 WEST OAK ST.			1	Olicelyladic	is (1.0. box ranibos to riots toopadie)			
SUITE A			83					
KISSIMMEE FL 34741			84	City		85 Zip C	Code	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was autho	nzed by	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered	
0,0,0,0,10,12	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	stered Ager	nt signature required				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE )	D DELETE 1.1 TI		1.1 TITLE	1		Change	Addition	
NAME			1.2 NAME					
STREET ADDRESS	5126 ST. GERMAIN 1.3S		1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T- ZIP		<u></u>		
TITLE	V □ DELETE 2.1 TO			}		☐ Change	☐ Addition	
NAME	DALZIEL, WILLIAM S 22 N			Ī			i	
STREET ADDRESS	2622 GENTRE ST 2.3 S		2.3 STREET	T ADDRESS			ļ	
CITY-ST-ZIP	KISSIMMEE FL 34744 2.40		2.4 CITY+S	ST-ZIP				
TITLE			3.1 TITLE			☐ Change	☐ Addition	
NAME	Driedle, Devener o.		3.2 NAME					
STREET ADDRESS	2622 GENTRE ST 338			TAODRESS			{	
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			Change	☐ Addition	
NAME	4. 2 N		4. 2 NAME	]			Ì	
STREET ADDRESS	TADDRESS . 4.3 S		4.3 STREET ADDRESS					
City-ST-ZIP			4.4 CITY-S	T-ZIP				
T/TLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	-		•		
STREET ADDRESS			5.3 STREET	TADORESS			ļ	
City-St-Zip			5.4 C(TY-S)	T-ZJP				

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: >

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition