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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K08860

1. Corporation Name

DALÍBUL IOUNISON INC

MALITH J	JUTINGUN, INC.						
Principal Place	e of Business	Mailing Address			T (ERIBIGI BIL GRIDT (RIBT IRTIR RIGH GRIT BIL	ite didat dimit didat i	ATARIC MENER CONT.
1	A AVE., SUITE 150	1135 PASADENA AVE., SUITE	E 150				
S. PASADENA FL 33707 S. PASADENA FL 33707							
us ' us					DO NOT WRITE IN TH	IS SPACE	
•					3. Date Incorporated or Qualifed		
! : : :			<u> </u>		12/24/1987		
	ncipal Place of Business 2a. Mailing Address				4. FEI Number 59-2865309	 	oplied For ot Applicable
21	44	26 Suite, Apt. #, etc.			39-2003309	\$8.75	
— i i	¬ () ·				5. Certificate of Status Desired		equired
City & State		City & State			6 Floation Compaign Financing		May Be
	e	\vdash			6. Election Campaign Financing Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	, ,,	This corporation owes the current year		
24	25	29 3	_ `		Personal Property Tax.	Yes	No
<u> </u>	9. Name and Address of Current	_ 	<u> </u>		10. Name and Address of New Register		
			81	Name			
	nson, ralph H.			0	/DO Day Number is Not Assessed in		
1135 PASADENA AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
S. P	asadena fl		83	 			
;			L				
ı			84	City	5	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	JOHNSON, RALPH H.		1.2 NAME	1			
STREET ADDRESS	7892 SAILBOAT KEY BD 303		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	S. PASADENA FL		1.4 CITY-S	T-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME .	JOHNSON, BERNICE J.		2.2 NAME		- /	: * . · *	. •
STREET ADDRESS	7892 SAILBOAT KEY BD 303		2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	S. PASADENA FL		2. 4 CITY-5	ST-ZIP	_		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME ,			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
: (CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 5.1 T		5.1 TITLE			☐ Change	Addition
NAME	{		5.2 NAME			-	
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	1			1
STREET ADDRESS			6.3 STREE	TADDRESS			

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 only an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MEDOIMED IGNING OFFICER OR DIRECTOR