

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L73699**

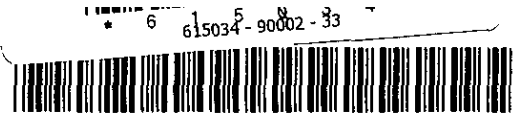
orporation Name  
**2 DBMB, INC.**

Principal Place of Business  
**JEFFREY C. SHANNON**  
**501 E. KENNEDY BLVD., SUITE 1700**  
**TAMPA FL 33601**

Mailing Address  
**% JEFFREY C. SHANNON**  
**501 E. KENNEDY BLVD., SUITE 1700**  
**TAMPA FL 33601**

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90002 033 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/17/1990**

4. FEI Number

**59-3015464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

Country

Suite, Apt. #, etc.

City & State

Zip

Country

25

Country

Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, JEFFREY C.**  
**501 E. KENNEDY BLVD.**  
**SUITE 1700**  
**TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	ZIP	NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
PD		STEIN, ALAN M.		17 AUTUMN RUN		<input type="checkbox"/>	<input type="checkbox"/>
VD		SALTZMAN, ANDREW T.		610 WINTERWOOD DR		<input type="checkbox"/>	<input type="checkbox"/>
VD		FORRESTEL JR, RICHARD E		171 DARWIN DRIVE		<input type="checkbox"/>	<input type="checkbox"/>
VD		BROWN, THEODORE T.		661 WOODBINE WEST DRIVE		<input type="checkbox"/>	<input type="checkbox"/>
TD		SPECHT, WILLIAM L		1161 RED MAPLE CIR NE		<input type="checkbox"/>	<input type="checkbox"/>
SD		SHANNON, JEFFREY C		501 E KENNEDY BLVD S-1700		<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

9/9/99

813-228-7411

CR2E034 (5/99)