

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 # **P45000050972**

1. Corporation Name

DCRE, INC.

FILED

99 OCT 26 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07-24-1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3330252	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEMETREE, J.C., JR. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J C DEMETREE, JR	1.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	1.3 STREET ADDRESS	800003038828--6
CITY-ST-ZIP	JACKSONVILLE, FL 32207	1.4 CITY-ST-ZIP	-11/09/99--01007--002
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	***158.75 *** <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK C DEMETREE	2.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER C DEMETREE	3.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M HARRIS DUNN	4.2 NAME	
STREET ADDRESS	3740 BEACH BLVD., STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	4.4 CITY-ST-ZIP	
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	

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: _____ DATE: 10/17/1999 DAYTIME PHONE: _____

CR25034 (1-7-95)

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**DCRE, INC.
3740 BEACH BOULEVARD.
SUITE 300
JACKSONVILLE, FLORIDA 32207-3818**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

October 8, 1999

Re: DCRE, INC.
FEI # 59-3330252
1999 Annual Report

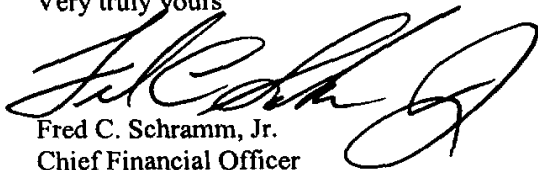
Gentlemen

We recently discovered that we did not receive the First Notice 1999 Corporation Annual Report or any late filing reminders that have are usually mailed out. We contacted the department of state and requested replacement report form. Enclosed is a copy of our e mail correspondence.

We kindly request that the late fee be waived due to the non receipt of the report. We will make appropriate changes in our own internal record keeping system to monitor the receipt of this report in the future to insure timely filing.

Your assistance and consideration of this request will be greatly appreciated.

Very truly yours


Fred C. Schramm, Jr.
Chief Financial Officer