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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **V29861** 1. Corporation Name

D.C.C. DOODEDTIES INC

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 005 \*\*\*150.00

n.c.u. r	NOPERTIES, INC.						
Principal Place	of Business	Ma	iling Address			-	F JOSSE DIVERS (1870 INTR 1810) TOTAL BUILD THAT AREA AREA AREA AREA AREA AREA AREA AR
840 S.W. THIRD AVENUE			2840 S.W. THIRD AVENUE				
AIAMI FL 33129 MIAMI FL 33129				•			A O MOT WOLF IN THE COACE
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
			A A 10 A Add				04/16/1992 4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				1 "   <del>                                  </del>
			Suite, Apt. #, etc.				65-0326778   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.			<b>–</b>				5. Certifcate of Status Desired Fee Required
City & State			27 City & State				6. Election Campaign Financing S5.00 May Be
¬ '			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country			_	8. This corporation owes the current year Intangible
-, -, -, -, -, -, -, -, -, -, -, -, -, -		20	29 30				Personal Property Tax. A Yes No
4	9. Name and Address of Current		tered Agent	( <b>00</b> )			10. Name and Address of New Registered Agent
	<u> </u>				81	Name	
WISE	EHEART, MALCOLM B., JR.				00	Charat A	Address (P.O. Box Number is Not Acceptable)
2840 S.W. THIRD AVENUE MIAMI FL 33129					82	Street Ac	Address (P.O. Box Number is Not Acceptable)
					83		
							log l 75 Code
					84	City	FL 85 Zip Code
agent. I ai SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	ions of,	Section 607.0505, Fig.	rida Stat	utes.		ration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND			13.	- igu		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	D	C DELETE		1.1 Ti	ΓLE		☐ Change ☐ Addition
IAME.	WISEHEART, MALCOLM 8.,JR			12 N	1.2 NAME		
STREET ADDRESS 2840 SW THIRD AVE				1.3 S	REET	ADORESS	
CITY-ST-ZIP	MIAMI FL				TY-S1		
ITILE	D		☐ DELETE	2.1 Ti			☐ Change ☐ Addition
NAME	JOYCE, ELIZABETH W.			2.2 N	AME		
STREET ADDRESS	5940 GRANADA BLVD.			2.3 S	REET	ADDRESS	•
CITY-ST-ZIP	CORAL GABLES FL		•		ITY-S		and the same property of the same of the s
TITLE	D		☐ DELETE	3,1 TI			☐ Change ☐ Addition
NAME	MILNE, CAROLYN W.			32 N	AME		· ·
STREET ADDRESS	110 SUMMIT STREET			3.3 S		ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		\	3.4. C	ITY-S	T-ZIP	
TITLE	0		☐ DELE <b>T</b> E	4.1 TI	TLE		☐ Change ☐ Addition
NAME T	LITTLE, MARILIN W.	\		4. 2 N	AME		,
STREET ADDRESS 6509 N.W. 18TH AVENUE				4.3 \$	4.3 STREET ADDRESS		
CITY-ST-ZIP	CAINESVILLE PL	7/3	18/76	4.4 C	TY-S	Γ-ZiP	
TITLE	Richard 1.1	ιЦ/	☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition
NAME	LEAG NILL IP	170	14 000 00	52 N	AME		
STREET ADDRESS	6507 M.W. 10	7		5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	Baines ville,	F	<u> </u>	5.4 C	TY-S	r-zip	
TITLE			☐ DELETE	6,1 T	ΠE		☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				64 C	TY-S	r-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 suppliernental 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:

1/20/99

(305) 285-9471