03-29-1999 90075 008 \*\*\*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	#	334201
1. Corporation Name		00 120 1

DMB&B/AMERICAS, INC.



DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/26/1968  4. FEI Number Applied For  59-1219111 Not Applicable  \$8.75 Additional			
4. FEI Number Applied For 59-1219111 Not Applicable			
SR 75 Additional			
5. Certificate of Status Desired 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 Tax. ☐ Yes   ✓ No			
10. Name and Address of New Registered Agent			
81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			
85 Zip Code			
Ē			

SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE		Change	☐ Addition			
NAME	BOSTOCK, ROY J.		1.2 NAME						
STREET ADDRESS	1675 BROADWAY		1.3 STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP						
TITLE	7	☐ DELETE	2.1 TITLE	·	☐ Change	☐ Addition			
NAME	BROWN, CRAIG D.		2.2 NAME						
STREET ADDRESS	1675 BROADWAY		2.3 STREET ADDRESS						
د حتا CITY-ST-ZIP	-NEW-YORK-NY-10019		2.4 CITY-ST-ZIP-			<del></del>			
TITLE	S	DELETE	3.1 TITLE		Change	Addition			
NAME	MOORE, MICHAEL D.		3.2 NAME						
STREET ADDRESS	1675 BROADWAY		3.3 STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10019		3.4. CITY-ST-ZIP						
TITLE	AS	☐ DELETE	4.1 TITLE		Change	☐ Addition			
NAME	WINCLECHTER, DAVID		4. 2 NAME						
STREET ADDRESS	1675 BROADWAY		4.3 STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP ,						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ 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.