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**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90007 003 ***150.00

DENIS A. DWYER AND COMPANY, INC

DENIO /	DWILLIAND GOMINING								
Principal Place of Business Mailing Address						1 188188 stein initer tilte sinen teine o	ite dedit didit :	tedit didit di	ATTY ASPEST COMP.
4501 N.W. 103RD AVE. P.O. BOX 4512269 STE. 202 SUNRISE FL 33345 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/28/1972			
2. Principal Place of Business 2a. Mailing Address				•		4. FEI Number		Apr	olied For
26						59-1464060		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State City & State					6. Election Campaign Financing		\$5.00	Мау Ве
23 28						Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	,		8. This corporation owes the current			□Na
24	25	29 30				Personal Property Tax.	_		□No
	9. Name and Address of Curre	nt Registered Agent	81	Nam		10. Name and Address of New Regi	stered Ağı	3111	
רואירו	'er, denis a		L						
10951 S.W. 25 ST.			82	Stree	et Addre	ss (P.O. Box Number is Not Acceptable)		
DAVIE FL 33324			83						
			84	City			FL	85 Zip C	ode
44 D					d como	ration submits this statement for the nur		anging its	registered
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		AIOTE D		at element.	na ramuinad s	when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it signatu	e reduxed	ADDITIONS/CHANGES TO OFFICE	-	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	DWYER, DENIS A		1.2 NAME						
STREET ADDRESS			1.3 STREE	T ADDRES	ss				}
CITY-ST-ZIP	DAVIE FL 33324		1.4 CITY-S	T-ZIP					
TITLE	V.,	☐ DELETE	2.1 TITLE] Change	☐ Addition
NAME	POPICK, DENISE A.		2.2 NAME		ŀ	`			
STREET ADDRESS	10951 SW 25TH ST		2.3 STREE	T ADDRES	ss		_		l
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP					
TITLE	ST ·] Change	☐ Addition
NAME	DWYER, GLORIA J		3.2 NAME					•	
STREET ADDRESS	10951 SW 25TH ST.		3.3 STREE	TADORES	ss		•		
CITY-ST-ZIP	DAVIE FL 33324		3.4. CITY-S	T-ZiP		<u></u>		=	
TITLE	V.	☐ DELETE	4.1 TITLE		Ī] Change	☐ Addition
NAME	DWYER, LAWRENCE T.		4. 2 NAME						
STREET ADDRESS	l		4.3 STREE	T ADDRES	SS				1
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						Ì
STREET ADDRESS			5.3 STREE		SS		•	-	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	T-Z!P				Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE				Ĺ] Change	☐ Addition
NAME	İ		6.2 NAME		1				

CITY-ST-ZIP 1 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 as that 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 preference of 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 change or or are attachment with an address, with all other like empowered. officer or director of the corporati Block 12 or Block 13 if change

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS