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**PROFIT** CORPORATION ANNUAL REPORT

1999

1, Corporation Name

DOCUMENT # 440078



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90065 005 \*\*\*150.00

J. B. DU	INN COMPANY, INC.								
Principal Place	e of Business	Mailing Address	_			- 1 1001111 Billin Billin Ballis Galist IA	<b>BB</b> I IBN BIBIT	#1831 BIBIT BIBIS DI	(Bil bibli (BBI
1311 W. NEWPO	ORT CTR. DR.	1311 W. NEWPORT CTR.	DR.						
STE.A STE. A									
DEERFIELD BEA	ACH FL 33442	DEERFIELD BEACH FL 33	442			DO NOT WRI	TE IN THIS	SPACE	
US ;	•	US				3. Date Incorporated or Qualifed			
i						11/19/1973		<del></del>	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21		26				59-1494888			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	- 1
22 ;		27				<u> </u>			
City & State	te	City & State				6. Election Campaign Financing		\$5.00	
23		28			<del></del>	Trust Fund Contribution		Added to	rees
Zip ¦	Country	Zip	Cou	ntry		8. This corporation owes the cur	rent year In		□No
24		29	30			Personal Property Tax.  10. Name and Address of New I	Domintorod		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New	registered	Agent	
DUN	N, JAMES B			"	Name				:
	1 W. NEWPORT CENTER DR.			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
1311	W. NEW ON OLIVEN DIE					*	<u></u>		
DEE	DEELD BEACH EL 22442			83					]
DEE	RFIELD BEACH FL 33442			84	City			85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was paid							<u> </u>	_	
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND				t signature required			ND DIRECTO	RS IN 12
TITLE	OFFICERS AND	DIRECTORS	13.	rle	signature required				
TITLE ;	PDT DUNN, JAMES B, JR	DIRECTORS DELETE	13. 1.1 TII 1.2 NA	TLE VME	ADDRESS				
TITLE NAME STREET ADDRESS	OFFICERS AND PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE	DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST	TLE NME REET	ADORESS				
TITLE ;	PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL	DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST	TLE NME TREET /	ADORESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL VP	D DIRECTORS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	TLE AME REET/	ADORESS			☐ Change	Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL VP BYAL, CHRISTOPHER	D DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	TLE TREET / TY-ST- TLE	ADORESS			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL VP BYAL, CHRISTOPHER 1311 W. NEWPORT CENTER DE	D DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	TLE TREET / TY-ST- TLE TREET / TREET /	ADDRESS ZIP ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DUNN, JAMES B, JR 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL VP BYAL, CHRISTOPHER 1311 W. NEWPORT CENTER DE DEERFIELD BCH. FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	TLE TREET / TLE TLE TREET / TLE TREET / TREET /	ADDRESS ZIP ADDRESS			☐ Change	Addition
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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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STOCKED RESURRED SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-421-7777