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 # 574316

1. Corporation Name

City & State

Zip

D & LITELECOMMUNICATIONS INC

Principal Place of Business	Mailing Address				
3430 NE 6TH TERR POMPANO BEACH FL 33061	P.O. BOX 50171 LIGHTHOUSE POINT FL 33074				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

28 Country Zip Country

City & State

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90088 002 ***150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

06/01/1978

4. FEI Number 59-1821265

	25	29	30			Personal Property Tax.	☐ Yes L	_No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
SCHORR, STEPHEN A ESQ						(D.O. D. M in Nick Access	halla)		
2101 N ANDREWS AVE				82	Street A	ddress (P.O. Box Number is Not Accept	able)		
	E 400			83			<u> </u>		
FT LAUDERDALE FL 33311			"						
116	AUDENDALE IE 30011			84	City		85 Zip Co	ode	
	<u></u>						FL 00 200		
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change '	was author	izea by i	tne corpor	orporation submits this statement for the ation's board of directors. I hereby acce	e purpose of changing its rept opt the appointment as regi	egistered stered	
SIGNATURE							DATE		
	Signature, typed or printed name of registered				signature rec	uired when reinstating) ADDITIONS/CHANGES TO O		S IN 12	
12.	, . 	AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	Change	Addition	
TITLE	PD			.1 TITLE	- !				
NAME	smith, donald r		1 1	.2 NAME					
STREET ADDRESS	3430 NE 6TH TERR		1	.3 STREET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 3306	4	1	.4 CITY-ST	-ZIP				
TITLE	VP	☐ DELE	TE 2	.1 TITLE			Change	☐ Addition	
NAME	GAZDAYKA, WALTER		2	2 NAME					
STREET ADDRESS	**** NE ****			.3 STREET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 3306	4		. 4 CITY-S	T-ZIP				
TITLE	1 0 111 1 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1	DELE	TE :	3.1 TITLE			☐ Change	☐ Addition	
NAME				3.2 NAME			•		
				.3 STREET	ADDRESS				
STREET ADDRESS			1	3.4. CITY-S					
CITY-ST-ZIP		☐ DELE		1.1 TITLE	1-ZIF		☐ Change	Addition	
TITLE							_ ,	_	
NAME				I. 2 NAME					
STREET ADDRESS				I.3 STREET					
CITY-ST-ZIP				I.4 CITY-ST	T-ZIP		Change	Addition	
TITLE		☐ DELE		5.1 TITLE			☐ Griange	[] Addition	
NAME				2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP			:	5.4 CITY-S1	r-ZIP				
TITLE		OELE	TE	3.1 TITLE			Change	☐ Addition	
NAME				5.2 NAME	-				
STREET ADDRESS			1.	3.3 STREET	ADDRESS				
			1,	5.4 CITY- ST	r-ZIP				
CITY-ST-ZIP	t certify that the information supplied	with this filing does not qua				in Section 119.07(3)(i), Florida Statutes	. I further certify that the in	formation	

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 ar 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.