

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -5 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
DTI GROUP, LTD.

1a. DOCUMENT #
A97000001026

Mailing Address
**18161 OLD DOMINION COURT
FT. MYERS FL 33908**

Principal Office Address
**18161 OLD DOMINION COURT
FT. MYERS FL 33908**

3. Date Formed or Registered
05/08/1997

3a. Date of Last Report
12/09/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$7,500.00

5b. Amount of Capital Contributions in FLORIDA to date
\$ 7500

6. FEI Number **65-0797322**
APPLIED FOR

7. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
**17340 W. CARNEGIE CIRCLE
SUITE, APT. #, ETC.
105B
FT MYERS, FL
33912 USA**

2a. Principal Office Address
**17340 W. CARNEGIE CIRCLE
SUITE, APT. #, ETC.
105B
FT MYERS, FL
33912 USA**

9. Name and Address of Current Registered Agent
**D.T. INVESTMENTS INC. OF SOUTHWEST FLORIDA
18161 OLD DOMINION COURT
FT. MYERS FL 33908**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
**17340 W. CARNEGIE CIRCLE
SUITE, APT. #, ETC.
105B
FT. MYERS, FL
FL 33912**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
D.T. INVESTMENTS, INC. OF SO	18161 OLD DOMINION CO 17340 W. CARNEGIE CIRCLE # 105B	FT MYERS FL 33908 33912	P97000020945
000002834420--8 -04/09/99--01044--002 62 4.8 141.25 141.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **7-8-99**

Typed or Printed Name of General Partner Signing Form **Salvatore A. Schicfom** Daytime Telephone Number **941-994-0162**

CR2E003 (12/98)