FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 POCUMENT # F77742

1. Corporation Name

-DBR-HOLLYWOOD, INC.

DBR Dunnellon, Inc.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90087 007 ***150.00



	_ 				HIRFT BIBIT BIBIT BIBIT BIBIT BIBIT TO BI
Principal Plac	e of Business	Mailing Address			
3100 N. 29TH		3100 N. 29TH CT #201			
HOLLYWOOD FL 33019-1321		HOLLYWOOD FL 33019-1321		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	THO GEAGE
	•			04/26/1982~~	•
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
2049	1 The Granada #8	26	llon Inc	59-2384023	Not Applicable
Suite, Apt.	#, etc.		NAGHOH, INC.		\$8.75 Additional
22	•		A GIBIIBUG TY	5. Certifcate of Status Desired	Fee Required
City & Star	te Duanatta	City & Stat Dtinne C	n, FL 34432	6. Election Campaign Financing	\$5.00 May Be
23	^e Dunnellon, FL	(352)	465-4664	Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
344	432 ₂₅ USP	29 30		Personal Property Tax:	∐Yes □No
	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registe	red Agent
	·		81 Name	DE MA PERMITA	,
REY	no, regina	address		REYNO, REGINA	
	O S. OCEAN DR. #10H	address Change only.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33019	conneg	83	6951 S.E. 200 Ave.	
		solo.	100	0951 5.E. 2007(100	
			84 City	Morriston, FL 32668	85 Zip Code
					FL
office or agent. I a	registered agent, or both, in the State am familiar with and accept the oblig	e of Florida. Such change was auth lations of, Section 607.0505, Florida	orized by the corporation Statutes.	poration submits this statement for the purposon's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Klyna /	llyno			
	Signature, typed or priged name of registered ag		gistered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PSD	☐ DELETÉ	1.1 TITLE	6951 S.E. 200 Ave.	Change Addition
NAME	REYNO, REGINA		1.2 NAME	Morriston, FL 32668	anarcos
STREET ADDRESS			1.3 STREET ADDRESS	Mottiatom	1
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE	6951 S.E. 200 Ave.	Change Addition.
NAME	REYNO, MANUEL		2.2 NAME		address
STREET ADDRESS	4000 C COTAN DD #4011		2.3 STREET ADDRESS	Morriston, FL 32668	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
					,
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		C DELETE	1		
NAME	}	j	4. 2 NAME		{
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		[] Observed [] A 44000
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	· ·		5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	j		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		i	6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESSS	1		6.4 CITY-ST-ZIP		
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 put an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

73/20/99

Daytime Phone #