

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 08, 1999 8:00 am  
Secretary of State

04-08-1999 90039 043 \*\*\*150.00

DOCUMENT # F93000000614

1. Corporation Name  
DHD NEVADA CORP.

Principal Place of Business  
%JAY FELNER  
4770 TREE FERN DR.  
DELRAY BEACH FL 33445

Mailing Address  
%JAY FELNER  
4770 TREE FERN DR.  
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

36-3617048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 c/o 600 Central Avenue

Suite, Apt. #, etc.

22 Suite 365

City & State

23 Highland Park, IL

Zip

Country

24 60035

25 USA

2a. Mailing Address

26 c/o 600 Central Avenue

Suite, Apt. #, etc.

27 Suite 365

City & State

28 Highland Park, IL

Zip

Country

29 60035

30 USA

9. Name and Address of Current Registered Agent

FELNER, JAY  
4770 TREE FERN DR.  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

Jay Felner

82 Street Address (P.O. Box Number is Not Acceptable)

4182 Live Oak Boulevard

83

84 City

Delray Beach

FL

85 Zip Code

33445

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 Jay Felner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WAGNER, NATHAN  
STREET ADDRESS 600 CENTRAL AVE., #385  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ DELETE  
NAME SCHWARTZBERG, ALBERT  
STREET ADDRESS 50 MAIN STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE VD ☐ DELETE  
NAME FELNER, JAY  
STREET ADDRESS 625 AUBURN CIRCLE WEST  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE VD ☐ DELETE  
NAME LEFKOVITZ, EDWIN  
STREET ADDRESS 28720 COUNTRY SIDE LAKE  
CITY-ST-ZIP MUNDELIN IL 60060

TITLE VD ☐ DELETE  
NAME NESHEK, THOMAS  
STREET ADDRESS 14 E. WALWORTH ST.  
CITY-ST-ZIP ELKHORN WI 53121

TITLE STD ☐ DELETE  
NAME GOLDMAN, ROBERT U  
STREET ADDRESS 600 CENTRAL AVE., #385  
CITY-ST-ZIP HIGHLAND PARK IL 60035

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4182 Live Oak Boulevard

Delray Beach, FL 33445

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

34500 Fox Ridge Drive

Evergreen, CO 80439

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address. With all other like empowered.

SIGNATURE: Robert U. Goldman, Secretary/Treasurer/Director March 22, 1999 (847) 432-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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