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 DOCUMENT # **F9600003971**1. Corporation Name

DIMUCCI DEVELOPMENT CORPORATION OF PORT ORANGE

| Principal Place | e of Business | Mailing Address | | | | | | |
|----------------------|---|---------------------|-----------------|------------------|---|----------------------------|----------------|--|
| 100 W. DUNDEI | E RD. | 100 W. DUNDEE RD. | | | | | | |
| Palatine Il 60 | 067 | PALATINE IL 60067 | | | DO NOT WRITE IN T | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | 1110 017102 | | |
| | | | | | 08/05/1996 | | | |
| 3 Dringing D | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| – | lace of Business | 26 | | | 36-4075703 | ├ ──┼ | Not Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | 5 Additional | |
| | #, Glo. | 27 | | | 5. Certificate of Status Desired | | Required | |
| City & Stat | | City & State | | | 6. Election Campaign Financing | \$5.0 | 0 May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Coun | try | 8. This corporation owes the current year | r Intangible | | |
| — · | 25 | | 30 | | Personal Property Tax. | Yes | □No | |
| 24 | 9. Name and Address of Curre | | 2, 7 | | 10. Name and Address of New Register | red Agent | | |
| | | | | 31 Name | | | | |
| CT | CORPORATION SYSTEM | | Į. | | | | | |
| | SOUTH PINE ISLAND ROAD | | 1 | 32 Street | Address (P.O. Box Number is Not Acceptable) | | | |
| | NTATION FL 33324 | | l, | B3 | | | | |
| | | | (| | | | | |
| | | | T T | 34 City | | FL 85 Z | ip Code | |
| | | | | | corporation submits this statement for the purpos | | ita ragiatarad | |
| agent. I a | am familiar with, and accept the oblig | | | | | | | |
| | Signature, typed or printed name of registered ag | | - | gent signature r | equired when reinstating) DATE | | TODO IN 12 | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | Chan | | |
| TITLE | PSDC | ☐ DELETE | 1.1 TITL | | President & Director | E Chan | ge LI Addidon | |
| NAME | DIMUCCI, SALVATORE J | | 1.2 NAM | ŧE . | Anthony P. DiMucci | | | |
| STREET ADDRESS | | | 1.3 STR | EÉT ADDRESS | 100 West Dundee Road | | | |
| CITY-ST-ZIP | PALATINE IL 60067 | | 1.4 CITY | /-ST-ZIP | Palatine, IL 60067 | - VM-0 | - Madres | |
| TITLE | VTDC | ☐ DELETE | 2.1 TITL | E | Secretary & Director | XX Chan | ge 🗌 Addition | |
| NAME | DIMUCCI, ANTHONY P | | 2.2 NAM | KE. | Yvonne DiMucci | | | |
| STREET ADDRESS | 100 W. DUNDEE RD. | | 2.3 STR | EET ADDRESS | 100 West Dundee Road | | | |
| CITY-ST-ZIP | PALATINE IL 60067 | | 2.4 CIT | Y-ST-ZIP | Palatine, IL 60067 | | * | |
| TITLE | | ☐ DELETE | 3.1 TIT). | E | | Chan | ge 🔲 Addition | |
| NAME | | | 3.2 NAN | Æ | | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | (| | 3.4. CIT | Y-ST-ZiP | | | | |
| TITLE | | ☐ DELETE | 4,1 TITL | E | | Chan | ge Addition | |
| NAME | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADORESS | | | | |
| CITY-ST-ZIP | | | 1 | /-ST-ZIP | | | | |
| TITLE | <u> </u> | ☐ DELETÉ | 5.1 TITL | | | Chan | ge Addition | |
| NAME | | | 5.2 NAN | | | | | |
| | | | 5.3 STR | EET ADDRESS | | | ^ | |
| STREET ADDRESS | ' } | | 1 | /-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | 1 | ☐ DELETE | 6.1 TITL | | | Chan | ge Addition | |
| | | | 6.2 NAN | Æ | | | - | |
| NAME | | | | EET ADDRESS | | | | |
| STREET ADDRESS | 1 | | 1 | r-st-zip | | | | |
| CITY OF 710 | | | | | | | | |

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

Daytime Phone #

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90073 035 ***150.00