

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 # **G19326**

1. Corporation Name

D. I. Developers, Inc.

Principal Place of Business

Mailing Address

**11078 US Hwy 90 W
DeFuniak FL 32433-6944**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**Frank J. Bucci
11078 US Hwy 90 W
DeFuniak Springs, FL
32433-6944**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Frank J. Bucci**

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

Frank J. Bucci

5-11-99

Date

12. OFFICERS AND DIRECTORS

TITLE	President	[DELETE]
NAME	Frank J. Bucci	
STREET ADDRESS	11078 US Hwy 90 W	
CITY-ST-ZIP	DeFuniak Springs FL 32433	
TITLE	Sec. Treasurer	[DELETE]
NAME	Martin P. Schonbock	
STREET ADDRESS	20 Waterside Plaza W	
CITY-ST-ZIP	New York NY	
TITLE	V. President	[DELETE]
NAME	Nicholas J. Bucci	
STREET ADDRESS	19 Walnut St	
CITY-ST-ZIP	Mundw NY	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

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******158.75 ****158.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Frank J. Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99 850-892-9935
Date Telephone

FILED

May 04 1999 8:00 am
Secretary of State

CR2E034 (1/1/98)