## 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 # H40735

DI VMOLITILI LIOI DINICE COMPANY INC

LINOU	THE HOLDINGS COMI ANT,	1140-						
Principal Place	e of Business	Mailing Address				- 4 1001011 4151 01011 0E511 1000E 31186 0151 01011 011	nc aran aran a	<b>                                   </b>
% HERBERT J. SELIB 1925 GULF OF MEXICO DR. APT. 401 1925 GULF OF MEXICO DR. APT. 401				1			٠	•
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228						DO NOT WRITE IN THIS SPACE		
•						3. Date Incorporated or Qualifed 02/01/1985		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						59-2494090		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	I
22 27 27			··				Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
23		28	O			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	ıry		8. This corporation owes the current year Intal	ngible □Yes	□No
24	9. Name and Address of Curren		30			Personal Property Tax.  10. Name and Address of New Registered A	_ : : : :	
•	9. Name and Address of Curren	. vadisteren väent		31	Name	10. Teams and rearross of from Rogicianour.		
SELIB, HERBERT, J. 1925 GULF OF MEXICO DR, APT. 401				32	Street Addre	Address (P.O. Box Number is Not Acceptable)		
LONGBOAT KEY FL 34228				33		3 - 24 - 2 - 24 - 25 - 2	- 1 - 2 - 31 - - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	git graget til af
	• 1			_				
			8	34	City	FL	85 Zip (	Code
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized t ida Statut	oy tr es.	-named corporation he corporation signature required	ration submits this statement for the purpose of c n's board of directors. I hereby accept the appoint when reinstating).	hanging its iment as re	registered gistered
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DP	DELETE 1.11		1.1 TITLE		* ·	Change	☐ Addition
NAME	<b>SELIB, HERBERT</b> J.		1.2 NAM	E		·		į
STREET ADDRESS	1925 GULF OF MEXICO DR.		1.3 STRE	EETA	ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		- ZIP			
TITLE	D	DELETE 2.11		2.1 TITLE			Change	☐ Addition
NAME:	SELIB, DOROTHY M.			2.2 NAME				
STREET ADDRESS	1925 GULF OF MEXICO DR.		2.3 STR	EET A	ADDRESS			}
CITY-ST-ZIP	LONGBOAT KEY FL			Y-ST	- ZIP		1	
TITLE	G ∵ DELETE		3.1 TITL	3.1 TITLE			Change	☐ Addition
NAME	records Light and the	!	3.2 NAM	E				
STREET ADDRESS			3.3 STR	EET A	ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP		<u>.</u>		1 From A J 250
TITLE		☐ DELETE	4.1 TITLE			•	Change	Addition
NAME			4. 2 NAN					}
STREET ADDRESS	[. ·		4.3 STR	EET A	ADDRESS			)
CITY-ST-ZIP			4.4 CITY		- ZIP		Charact	☐ Addition
TITLE		☐ DELETE	5.1 TITL				☐ Change	Addition
NAME			5.2 NAM		ADDDE OC			
STREET ADDRESS	<u> </u>				ADDRESS			
CITY-ST-ZIP	All and the second seco		_	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE	DELETE 6.11		0.1 1111	<u>-</u>			□ Change	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90020 005 \*\*\*150.00