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

PROFIT CORPORATION **ANNUAL REPORT**



Secretary of State

DIVISION OF CORPORATIONS

1998

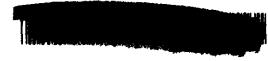
DOCUMENT #

H96159

(8)

D.B.M. DEVELOPMENTS OF PINELLAS, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Plac		Mailing Address		_		
Sys asterenacte by pre'		Steven C. Dupre'		re'		
	itral Ave.	200 Central Ave.		· ·	DO NOT WRITE IN THIS SPACE	
23rd F1	oor Barnett Tower	23rd Floor Barnett Tower		wer	3. Date Incorporated or Qualified	
	ersburg, FL 33701	St. Petersburg, FL 33701			01/28/1986	i
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied F	or
21		26			59-2714060 Not Appli	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	ial
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May 8	- 1
23 Zip	28			Trust Fund Contribution		
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	· 1
	g, Name and Address of Current		 		10. Name and Address of New Registered Agent	-
			. 81	Name C	torran a Dunnal	
	, ROY G., JR.				Steven C. Dupre (tress (P.O. Box Number is Not Acceptable)	
	TOWER 23RD FLOOR				00 Central Avenue	- 1
	TRAL AVE.		83			
ST. PETERSBURG, FL 33701					arnett Tower, 23rd FL	
		_	84	City	t. Petersburg FL 85 Zip Code 33701	- 1
11. Pursuant to the provisions of Sections 607.0502 and 607.7508, Fibrida 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 appendix to bligations of, Section 607.0505, Florida Statutes.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered agent signature required when revisitating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP _	☐ DELETE	1,1 TITLE	1	L_I Change 1_1 Ac	ddition
NAME	Sarcsman, Depra		1.2 NAME	- (- [
STREET ADDRESS	Jo Ju. Claire Ave. W		1.3 STREET ADDRESS			1
CITY-ST-ZIP	<u> Toronto, Ontario, Ca</u>	inada DELETE	1,4 CITY-S	T- Z)P		d distan
TITLE NAME	DST	- - · · · -	2.1 TITLE	Ļ	Change Ad	וייסוווטג
	dorman, beverly		22 NAME			1
STREET ADDRESS			2.3 STREET	1		1
CITY-ST-2P TITLE	Toronto, Ontario, Ca	naga DELETE	2. 4 CITY - S 3.1 TITLE	SI - ZIP	Change A	dition
NAME	Comman Hanny	- 0	3.2 NAME	}	المالية	
STREET ADDRESS	Gorman, Harry	1	3.3 STREET	ADDRESS		ì
CITY-ST-ZIP	95 St. Claire Ave. W LToronto. Ontario. Ca		3.4. CITY - S			{
TITLE	<u> </u>	DELETE	4.1 TITLE		☐ Change ☐ Ar	ddition
NAME		_	4, 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		j
CITY-ST-ZIP			4.4 CITY - S			1
TITLE		DELETE	5.1 TITLE		Change A	ddition
NAME	1		5.2 NAME		45]
STREET ADDRESS			5.3 STREET	ADDRESS		, 1
CITY-ST-ZP			5.4 CITY - S	T-ZNP		- 1
TITLE		☐ DELETÉ	6.1 TITLE		90000251809BChange DA	dition
NAME			6.2 NAME	1	-05/11/9801022005	į
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00	- 1
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		ĺ

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.