## 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 # J60365

DJRT, INC.

Mailing Address

Principal Place of Business

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90060 020 \*\*\*150.00



% ROBERT K. 2975 OVERSEA MARATHON FL	S HWY	% ROBERT K. MILLER. ESQ. 2975 OVERSEAS HWY MARATHON FL 33050	975 OVERSEAS HWY		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 02/05/14007		
					03/05/1987		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	plied For
21		26			04-2515980	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	٠.	5. Certificate of Status Desired	\$8.75 A	
City & Stat	e ·	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country Zip		Countr	/	8. This corporation owes the current year I	ntangible	
24	25 29 30		0	Personal Property Tax. Yes No			□No
:	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
<del>;</del>			81	Name			
MILLER, ROBERT K., ESQ.			-	01	tors (D.O. Dow Muselson in Not Assessable)		
2975 OVERSEAS HWY			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MARATHON FL 33050			83	1			.=-
				<u> </u>			
			84	' '		<b>-</b>	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was autr tions of, Section 607.0505, Florid	onzed by a Statute	the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Age	nt signature requir	red when reinstating) DATE		
12. ,	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE ;	D ·	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME :	NYBERG, PETER J.		1,2 NAME				Ì
STREET ADDRESS	264 W SEAVIEW DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP,	MARATHON FL		1.4 CITY-1	ST-ZIP			
TITLE .		DELETE	2.1 TITLE			Change	☐ Addition
NAME	•		2.2 NAME				{
STREET ADORESS				TADDRESS			}
			2. 4 CITY-		- · · ·	÷ .	- 1
TITLE			3.1 TITLE	01-231		☐ Change	☐ Addition
i			3.2 NAME				
NAME !				T ADDRESS			
STREET ADDRESS				[			
CITY-ST-ZIP.	and the same of th		3.4. CITY- 4.1 TITLE	31-235		Change	Addition
TITLE		C Direct	1	. 1			_ "
NAME '	·		4. 2 NAME	1			
STREET ADDRESS			I .	TADORESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	SI-ZIP		Change	Addition
TITLE '		□ DELETE	5.1 TITLE 5.2 NAME				
NAME !				ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP.			5.4 CITY- 6.1 TITLE	51-ZIP		Change	Addition
TITLE !		☐ DELETE				□ change	- Auditori
NAME	l		6.2 NAME				Ì
STREET ADDRESS			6.3 STREI	T ADDRESS			
CITY-ST-ZIP.			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.