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Secretary of State

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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J83771**

1. Corporation Name
D.T. PRODUCTIONS, INC.

Principal Place of Business
**2430 24TH COURT
 JUPITER FL 33477
 US**

Mailing Address
**9720 PINES BLVD.
 PEMBROKE PINES FL 33024
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1987

4. FEI Number

59-2825988

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 719 S 20TH AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD FL

City & State

28

Zip

24 33020

Country

25 U S A

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAMBURINI, DENISE K.
 2430 24TH COURT
 JUPITER FL 33477**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

719 S 20TH AVE #1

83

84 City **HOLLYWOOD, FL****FL**85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTS** ☐ DELETE
 NAME **TAMBURINI, DENISE K.**
 STREET ADDRESS **2730 24TH COURT**
 CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS **719 S 20TH AVE #1**
 1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☒ DELETE
 NAME **TAMBURINI, DENISE K.**
 STREET ADDRESS **2430 24TH COURT**
 CITY-ST-ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
 NAME **HALFACRE, SHEILA**
 STREET ADDRESS **2430 24TH COURT**
 CITY-ST-ZIP **JUPITER FL**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 proxy 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 a power like empowered.

SIGNATURE:

DENISE TAMBURINI**3/1/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #