## 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

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90011 041 \*\*\*150.00

i. Corporation	MENT # K52672 DUSE HOMES BUILDING	<del></del>					
Principal Place of Business Mailing Address					E INDERBITE DAT DISTA BITTI DITTI TODIO ITAL ATDIS SI	PII MIŽII JIMI	OLORE DIGIL FORI
P.O. BOX 657 ENGLEWOOD FL 34295-0657 US					DO NOT WRITE IN THIS SPACE		
03					3. Date incorporated or Qualifed		
					12/20/1988		
Principal Place of Business     Address     Mailing Address					4. FEI Number		pplied For
21 26					65-0090721		ot Applicable Additional -
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	+	Additional ~
22					6. Election Campaign Financing		May Be
City & State	28			Trust Fund Contribution		to Fees	
			Country		This corporation owes the current year Int.	angible	
24	25 29 30		_ `		Personal Property Tax.	<b>X</b> Yes	□No
1	9. Name and Address of Curr				10. Name and Address of New Registered	Agent	
			81	Name			
DUNKIN, DAVID A. 170 West Dearborn Street			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
					·		
ENG	LEWOOD FL 34223		83	İ			
			84	City	FL	85 Zip	Code
				<u> </u>	poration submits this statement for the purpose of	chonoina it	- societorod
office or t	onistered agent, or both, in the Stat	te of Florida. Such change was aut gations of, Section 607.0505, Florid	nonzed by	the corporati	on's board of directors. I neleby accept the appoi	ntment as re	egistered
	Signature, typed or printed name of registered a			nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.		AND DIRECTORS  DELETE	13.		ADDITIONS/CITAINGES TO CITTICENS AN	Change	Addition
TITLE	PD		1.2 NAME				
NAME	JOHNSON, CHARLES D.		1.3 STREET ADDRESS				
STREET ADDRESS	515 ARTISTS AVENUE		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	ENGLEWOOD FL	☐ DELETE	2.1 TITLE			Change	Addition
NAME		_	2.2 NAME	ŀ	1		1
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			2. 4 CTY-5				
TITLE		☐ DELETE	31 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			FT A ALVERTAGE
TITLE		☐ DELETE	4.1 TITLE	\		Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	☐ Addition
TITLE		☐ NETE1E	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			1
STREET ADDRESS			5.4 CITY-S				ŀ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
OWER STORES	ĺ		6.4 CITY-S				

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.

SIGNATURE: