**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L36873

D.M.G. INVESTMENTS, INC.

Principal Place of Business Mailing Address							$\dashv$		fille Bilber dilbit mint	, BIBII 91	811 81811 4KB1	
9171 RIDGE PINE TRAIL			9171 RIDGE PINE TRAIL									
ORLANDO FL 32819			ORLANDO FL 32819				1	DO NOT WRITE IN THIS SPACE				
US US								Date Incorporated or Qualifed	IN THIS STAC			
							"	12/13/1989			1	
2. Principal Pl	ace of Business	2a.	Mailing Address				4	1. FEI Number		Арр	lied For	
21			26					59-3094236		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	5. Certifcate of Status Desired	1 1 * - '		iditional	
22			27					· · · · · · · · · · · · · · · · · · ·		ee Req		
City & State			City & State				6	5. Election Campaign Financing	<b> </b>	5.00 A dded to	, I	
Zip Country		28	Zip Cou					Trust Fund Contribution  3. This corporation owes the current			1 662	
Zip	25 Codnity	29	Zip	30	iu y		8	Personal Property Tax.	t year intangible ∏ Ye		⊒No Ì	
24	9. Name and Address of Curre		tered Agent	301			10	). Name and Address of New Reg	istered Agent			
	5. Haine and Address of Outro	in itogis	torou y iguin		81	Name						
CROWELL, PATRICK C.					82	C)	7	/D.O. Boy Number in Not Acceptable				
320 NORTH MAGNOLIA AVE						Street Addr	ddress (P.O. Box Number is Not Acceptable)			,		
STE B9				İ	83							
ORLANDO FL 32801				84 City					<b></b> 85	Zip C	ode	
						'	′					
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Floric	la. Such change was a	uthorized	by	the corporation	poration's b	on submits this statement for the pu poard of directors. I hereby accept the	rpose of changi he appointment	ng its r as reg	egistered istered	
SIGNATURE			, CHOTE	Desistered	A	at aleasti sa raguiro	ad uban	n minutation)	DATE			
Signature, typed or printed name of registered egent and title if applicable. (NOT 12. OFFICERS AND DIRECTORS				<u> </u>	Registered Agent signature require			ADDITIONS/CHANGES TO OFFICE		ECTO	RS IN 12	
TITLE	D	THE DIRE	☐ DELETE	1.1 TiT	l.E			TO STATE OF THE ST		nange	Addition	
NAME	KASSAM, NASEEM			1.2 NA	ME							
STREET ADDRESS	9171 RIDGE PINE TRAIL			1.3 ST	REET	TADDRESS						
CITY+ST-ZIP	ORLANDO FL			1.4 CIT	Y-S	T-ZIP						
TITLE			☐ DELETE	2.1 TIT	LE			-	C	nange	☐ Addition	
NAME				22 NA	ME							
STREET ADDRESS				2.3 ST	REET	T ADDRESS						
CITY-ST-ZIP				2.4 CT	TY-S	ST-ZIP						
TITLE -			• DELETE -	3.1 TIT	LE				a. [.] C	ıange	Addition	
NAME				3.2 NA	ME							
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NAME				4. 2 NA		TADODECC					{	
STREET ADDRESS						TADDRESS					j	
CITY-ST-ZIP TITLE	·		☐ DELETE	4.4 CIT		11-ZIF				hange	Addition	
NAME				5.2 NA					_	~		
STREET ADDRESS						T ADDRESS					-	
				5.4 CIT		1						
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT						hange	Addition	
NAME				6 2 NA	ME	1						

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 suppliemental 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90021 005 \*\*\*150.00