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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L47042 1. Corporation Name

D AND D, ALL AROUND, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90007 022 ***150.00



Principal Place	e of Business	Mailing Address		,	* 100 (1014 814 810) 100) 1 08) 1 1 010	(A 1191 BIRNI BIRNI	01041 01011 0		
C/O DONALD MAUTINO 5951 SW 44TH ST DAVIE FL 33314		C/O DONALD MAUTINO 5951 SW 44TH ST DAVIE FL 33314	C/O DONALD MAUTINO 5951 SW 44TH ST		DO NOT WRIT	E IN THIS SP	ACE		_
US US					 Date Incorporated or Qualified 01/29/1990 				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For) ;
21		26			65-0177741		No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ ·	\$8.75 A Fee Re		
City & State	e	City & State	,		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year Intang	jįb le		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Age	ent		
		•		81 Name					
	JTINO, DONALD 1 SW 44TH STREET			82 Street Ad	Idress (P.O. Box Number is Not Acceptal	ble)			
DAVI	TE FL 33314			83					
				84 City		FL	85 Zip C	Code	
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Statum familiar with, and accept the obli	te of Florida. Such change was a	authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	numose of cha	anging its nent as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E: Registered	Agent signature requ	uired when reinstating)	DATE			=
•	Organizator, typica in printed transfer transfer	g						DO 111.40	1 %
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	R\$ IN 12	」≍
12. TITLE	OFFICERS /	AND DIRECTORS	13. 1.1 TII	LÉ .	ADDITIONS/CHANGES TO OFF		DIRECTO Change	Addition	(11/08)
	D		_		ADDITIONS/CHANGES TO OFF				
TITLE	D MAUTINO, DONALD		1.1 TII 1.2 NA		ADDITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS	D Mautino, donald 5951 SW 44TH ST		1.1 TII 1.2 NA 1.3 ST	WE	ADDITIONS/CHANGES TO OFF				R2E034 (11/6
TITLE .	D MAUTINO, DONALD		1.1 TII 1.2 NA 1.3 ST	ME REET ADDRESS IY-ST-ZIP	ADDITIONS/CHANGES TO OFF				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MAUTINO, DONALD 5951 SW 44TH ST DAVIE FL	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	ME REET ADDRESS IY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFF] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MAUTINO, DONALD 5951 SW 44TH ST DAVIE FL	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHANGES TO OFF		Change Change	Addition Addition	
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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 rustee 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, er on an attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP