Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90022 025 ***150.00

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 # 1 64506

1. Corporation D&LIN		VILLÉ, INC.					
Principal Place	e of Business	Mailing Address			- r (68):(6): Ara Brin Stadt Brin ions ann aign	DIBIR BIBLI BIBLI BI	E() 818)) 1881
3730 RUSTIC LANE C/O LARRY B. RESNICK JACKSONVILLE FL 32217		3730 RUSTIC LANE C/O LARRY B. RESNICK JACKSONVILLE FL 32217		DO NOT WRITE IN THI	S SPACE		
JACKSONVILLE	FL J2217	BACKGOITTIECE TE 02217			3. Date incorporated or Qualifed		
					04/09/1990		
2. Principal Pl	lace of Business	2a. Mailing Address			. 4. FEI Number	Apr	plied For
21					59-3006289		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22						Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip			Country		8. This corporation owes the current year I	ntangible	
24	25 29 30		5		Personal Property Tax.	☐ Yes `	X No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registere	1 Agent	
DEG	HOL LABOV B		81	Name			
RESNICK, LARRY B.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3422 OLD KINGS RD JACKSONVILLE FL 32254					The second second		
JACI	ASUNVILLE FL 32254		83				
			84	City		85 Zip C	ode
				<u></u>	F		nogiatorad
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such channe was auto	ionzea nv	rne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Age	nt signature required			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RESNICK, LARRY B.,	,	1.2 NAME				}
STREET ADDRESS	3730 RUSTIC LANE			TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY- 5	ST- ZIP		Change	Addition
TITLE	VTS	☐ DELETE 2.1 TI			•	□ onarige	
NAME	The thorn and the control of		2.2 NAME	}			İ
STREET ADDRESS	IACKOONIVILLE EL		j	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		Change	Addition
TITLE			3.1 HILE				
NAME			1	T ADDRESS		•	ĺ
STREET ADDRESS		_ •	3.3 STREE	i i			
TITLE			4.1 TITLE	31-21		☐ Change	Addition
NAME			4. 2 NAME			-]
STREET ADDRESS			1	T ADDRESS			1
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	•		5.2 NAME				ĺ
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	∔		5.4 CITY-5				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS)		6.3 STREE	TADORESS			

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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: C