## 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** 

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

04-12-1999 90034 037 \*\*\*150.00

A REDICTION AND LEGIS BOSIS BETAAL CHIEFE RULE ALOUE OLDER OLDER BETAR DEDICTION DE DES

## DOCUMENT # L70439 1. Corporation Name

DIANE-BRIAN, INC.

Principal Place of Business	ncipal Place of Business Mailing Address									
525 S. ANDREWS AVENUE 11650 N.W. 4TH ST. 5 PLANTATION FL 33325 T LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE						
					3.	Date Incorporated or Qualifed 05/02/1990				
2. Principal Place of Business	26	. Mailing Address			4.	65-0199211		Applied For Not Applicable		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		<del></del>	5.	Certificate of Status Desired	•	75 Additional ee Required		
City & State	28	City & State		•	6.	Election Campaign Financing Trust Fund Contribution	•	i.00 May Be ided to Fees		
	ountry -	Zip C	ountry		8.	This corporation owes the current year I Personal Property Tax.	ntangible			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
DERBY, BRUCE M 11650 N W 4 STREET			81 82 83	12 Street Address (P.O. Box Number is Not Acceptable) Sq. 315 S.E. 7th Street, Ssuite 301						
				City Ft.	1 :	enderdale. <b>F</b>	L  85	Zip Code ろろろの1		

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.											
SIGNATERS	, typed or printed name of registered agent an	nd title if applicable. (NOTE: Re	gistered Agent signature requir	red when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·					
12. SIGN	OFFICERS AND	13.	ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	RS IN 12					
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition				
NAME	DERBY, BRUCE M		1.2 NAME				}				
STREET ADDRESS	11650 NW 4 STREET		1.3 STREET ADDRESS		•						
CITY-ST-ZIP	PLANTATION FL 33325		1.4 CITY-ST-ZIP								
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition				
NAME	DERBY, EILEEN A		2.2 NAME								
STREET ADDRESS	11650 N.W. 4TH STREET		2.3 STREET ADDRESS	*		<u></u>					
CITY-ST-ZIP	PLANTATION FL 33325		2.4 CITY-ST-ZIP		<u> </u>						
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition				
NAME		•	3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS			•	ľ				
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE		<del></del>	☐ Change	Addition				
NAME		·	4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS				Ì				
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE			Change	Addition				
NAME			5.2 NAME		•						
STREET ADDRESS			5.3 STREET ADDRESS	•							
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE	•		☐ Change	☐ Addition ☐				
NAME :	A Committee of the Comm		6.2 NAME				ļ				
STREET ADDRESS			6.3 STREET ADDRESS				}				
CITY-ST-ZIP "	The state of the s		6.4 CITY-ST-ZIP								
			. 4'1 -11 !	Castian 440 07/2\/i) F	Indian Canadaa I furthar	consider that the in	farmation				

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:

KEQUIRED URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #