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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # L91024**

## FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90022 018 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	Name									
D. SCR/N	VANICH, INC.									
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DAVIE PL 3332		שא	VIL 1 C 35025				DO NOT WRIT	E IN THI	S SPACE	
							3. Date Incorporated or Qualifed			
							07/17/1990			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		1 1	Applied For
26						-65-0213204 -	پ سـ		Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired		Fee F	Required
City & State			City & State	-			6. Election Campaign Financing		\$5.0	May Be
23	~ <b>,</b>	28					Trust Fund Contribution			d to Fees
Zip	Country	20	Zip	Count	ry		8. This corporation owes the curre	ent vear i	ntangible	
· ·	25	29		30	•		Personal Property Tax.	one your r	☐Yes	Y⊊∕No
24	9. Name and Address of Curren			30]			10. Name and Address of New R	teaistere	d Agent	/
	9. Name and Address of Curren	it itogra	ioros Again	8	1 Name	<del></del>		_ · ·		
SCR	IVANICH, DENNIS			L				<del> </del>		
	21 SUMMERSVILLE PLACE			8	2 Stree	t Addres	ss (P.O. Box Number is Not Accepta	ible)		
	IE FL 33325			8	2		-1477			
D/111	IL 1 E 000E0			"	้ไ					
	•			8	4 City				85 Zip	o Code
								F		
agent. I a	to the provisions of Sections 607.0500 egistered agent, or both, in the State of familiar with, and accept the obligations.	tions or,	Section 607.0000, Fior	iua Siaiuie						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title i	f applicable. (NOTE:	Registered Ag			when reinstating)	DATE		
SIGNATURE	OFFICERS AN	nt and title i	f applicable. (NOTE:	Registered Ag	ent signature			DATE	AND DIRECT	FORS IN 12
	OFFICERS AN	nt and title i	f applicable. (NOTE:	Registered Ag	ent signature		when reinstating)	DATE		FORS IN 12
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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 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:

MICHAEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99 (954) 236 2829 Date/ Descriptions # 236 2829

---CR2F034 (11/98)