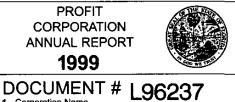
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90021 040 ***150.00

D C INV	ESTMENTS (ORLANDO), INC) -						
Principal Place	e of Business	Mailing Address				1 7 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0		
11 CHURCH STREET SUITE 200 TORONTO, ONTARIO M5E -1W1 CA 11 CHURCH STREET SUITE 200 TORONTO, ONTARIO M5E1W US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
-						08/28/1990		'
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				98-0113220		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Ro	Additional equired
City & State	θ	City & State	**	********	٠	6 Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip 24	Country 25	Zip 29	Country 30	<i>'</i>		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	-
CHIT	THE DATE OF THE PARTY OF THE PA		81	Name				
SMITH, RALPH SR. 12553 LAKE UNDERHILL DRIVE			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
	ANDO FL 32828		83					
*								
			84	City		F	L 85 Zip	Code
office or r	tes, the above outhorized by orida Statutes	the corn	corpor	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its cointment as re	registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if amilicable (NOTI	: Registered Age	nt signature r	required w	nen reinstatting) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSCD	☐ DELETE	1.1 TITLE		T		Change	☐ Addition
NAME	STEIN, MICHAEL		1,2 NAME					
STREET ADDRESS	11 CHURCH STREET, SUITE 200)	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TORONTO, ONTARIO		1,4 CITY-S	T-ZIP	 			- Addition
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition i
NAME CTOCCT ADDDSCC			2.2 NAME	T ADDRESS	1			l
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-		-			
TITLE ** "	The second secon					the same of the sa	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	<u> </u>			
πιε		☐ DELETE	4.1 TITLE		1		☐ Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS				TADDRESS	:			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	-		☐ Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			•		☐ V00:00!! }
NAME STREET ADDRESS				TADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME		-	6.2 NAME				_ •	_

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



MAR 15, 99