## 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 # M53648

D & R COMPUTER SERVICE, INC.

			· <del></del> ·				
Principal Place	of Business	Mailing Address					
838 ARGONAUT	ISLE	838 ARGONAUT ISLE					
DANIA FL 33004		DANIA FL 33004		DO NOT WOLTS	IN THIS SOACE		
บร		US			3. Date Incorporated or Qualifed	IN THIS SPACE	
		•			06/11/1987		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	An	plied For
21	ace of business	26			59-2812674		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	Additional
22	.,	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	□ \$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip			Country	/	8. This corporation owes the current	nt year Intangible	
24	25		30		Personal Property Tax.	₽Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Nome	10. Name and Address of New Re	gistered Agent	
ΔΝΤ	ON, DOROTHY Z.		81	Name			
838 ARGONAUT ISLE			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
DANIA FL 33004			83			£175	
	= 5555		"				
		84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the p	urpose of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporation	n's board of directors. I hereby accept	the appointment as re	gistered
SIGNATURE	Narolly SE	entor				<i>3-17-9</i> 9	
Signature, typed or printed pane of respected agent and title if applicable. (NOTE: Re			<del>-</del>	nt signature required	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	IRS IN 12
TITLE	PST OFFICERS AI	DELETE	13.		ADDITIONS/CHANGES TO OTT	☐ Change	Addition
	ANTON, DOROTHY Z.		III MICE				
NAME	838 ARGONAUT ISLE		1 2 NAME				
STREET ADDRESS			1.2 NAME	T ADDRESS			
CITY-ST-ZIP			1.3 STREE	T ADDRESS			
TITLE	DANIA FL	□ DELETE	1.3 STREE 1.4 CITY-S			Change	Addition
TITLE	DANIA FL V	☐ DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE		·······	☐ Change	☐ Addition
NAME	DANIA FL V ANTON, ROBERT A.	☐ DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS	V ANTON, ROBERT A. 838 ARGONAUT ISLE	☐ DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP		☐ Change	☐ 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 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:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90132 015 \*\*\*150.00