

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006272

1. Corporation Name
THE DOMINICAN DEVELOPMENT GROUP, INCORPORATED

Principal Place of Business
**% DAYSPRINGS
P O BOX 661
ELLENTON FL 34222**

Mailing Address
**% DAYSPRINGS
P O BOX 661
ELLENTON FL 34222**

FILED
99 MAY 17 PM 3:22
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



| | | | | | |
|---|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/30/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0899990 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 24 | | 29 | | \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| STEVENS, ROBERT W 8411 25 STREET EAST PARRISH FL 34219 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | |

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARGROVE, ROBERT J | 12 NAME | |
| STREET ADDRESS | 335 MAIN | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PINEVILLE LA 71360 | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLGUIN, JULIOT C | 22 NAME | |
| STREET ADDRESS | CALLE SANIAGO #114 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SANTO DOMINGO, DOMINICAN REP | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIPSCOMB, JOHN B | 32 NAME | D LIPSCOMB, JOHN B |
| STREET ADDRESS | 201 4 STREET N | 33 STREET ADDRESS | 8411 25 STREET EAST |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 34 CITY-ST-ZIP | PARRISH, FL 34219 |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKILTON, WILLIAM J | 42 NAME | |
| STREET ADDRESS | 126 COMING | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLESTON SC 29413-0127 | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(j), 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 617, 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: _____

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