

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
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90002 026 ***150.00

DOCUMENT # P92000009266

1. Corporation Name
D.M. ROSS INC.

Principal Place of Business

~~21720 ARRIBA REAL~~
~~BOCA RATON FL 33433~~
US

7700 Villa Deste Way
DeLray Beach
FL 33446

Mailing Address

~~21720 ARRIBA REAL~~
~~BOCA RATON FL 33433~~
US

7700 Villa Deste Way
DeLray Beach, FL 33446

2. Principal Place of Business

21 7700 Villa Deste Way
Suite, Apt. #, etc.

22 DeLray Beach, FL
City & State

23 33446 Palm Beach
Zip Country

24

2a. Mailing Address

26 7700 Villa Deste Way
Suite, Apt. #, etc.

27 DeLray Beach, FL
City & State

28 33446 Palm Beach
Zip Country

29

9. Name and Address of Current Registered Agent

ROSS DANIEL M.
~~21720 ARRIBA REAL~~
~~BOCA RATON FL 33433~~

7700 Villa Deste Way
DeLray Beach, FL
33446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROSS, DANIEL M
STREET ADDRESS	21720 ARRIBA REAL 7700 Villa Deste Way
CITY-ST-ZIP	BOCA RATON FL DeLray Beach, FL 33446
TITLE	STD <input type="checkbox"/> DELETE
NAME	ROSS, NORMA 7700 Villa Deste Way
STREET ADDRESS	21720 ARRIBA REAL DeLray Beach, FL 33446
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

Daniel M. Ross, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/99 561-638-4023
Daytime Phone #

CR2E034 (11/98)

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