## 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

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90124 020 \*\*\*150.00

## DOCUMENT # P93000018345

1. Corporation Name

STREET ADDRESS

D&BP	ROPERTY MANAGEMENT, II	NC.		•				
Principal Place	of Rusiness	Mailing Address						.1001 DEU 100E
5618 GRAND BLVD. 5618 GRAND BLVD. NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652					,	= =		
					DO NOT WRIT	E IN THIS SPA	CE	-
					3. Date Incorporated or Qualifed 03/11/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			lied For
21		26	: -		. 59-317.1521		<del></del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		8.75 Ac Fee Req	
City & State City & State					6. Election Campaign Financing		5.00 N	vlay Be
28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curre			
24	25		30		Personal Property Tax.	<u>IX</u> I \		□No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Ro	<u>∍g</u> istered Ager	<u>ıt                                    </u>	
DOD	DEV DAMD A		81	Name				
DORSEY, DAVID A				Street A	Address (P.O. Box Number is Not Acceptal	ole)		
5618 GRAND BLVD.								
MEN	PORT RICHEY FL 34652		83					
			84	City	<del></del>	FL 85	Zip C	ode
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent	f Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by rida Statutes	the corpo	corporation submits this statement for the pration's board of directors. I hereby accept equired when reinstating)	DATE	nt as reg	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	RS IN 12
TITLE	D DELETE		1.1 TITLE			<u></u>	Change	Addition
NAME	DORSEY, DAVID A		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-5	T-ZIP				
TITLE	D DELETE		2.1 TITLE				Change	Addition
NAME	THOMPSON, BRUCE E		2.2 NAME					
STREET ADDRESS	5618 GRAND BLVD		2.3 STREE	T ADDRESS	سيد ، ب يست سم		<b>-</b> ∴	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2. 4 CITY-	ST-ZIP				
TITLE	D DELETE		3.1 TITLE			LI	Change	☐ Addition
NAME	THOMPSON, JEAN C		3.2 NAME	1				
STREET ADDRESS	5618 GRAND BLVD.		3.3 STREE	TADORESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		3.4. CITY-	ST-ZIP			<u> </u>	Table and the second
TITLE	S DELETE				S/D		Change	[X]Addition
NAME	DORSEY, ALICE B.		4. 2 NAME		Alice Yvonne Scheer-D	orsey		
STREET ADDRESS	5618 GRAND BOULEVARD			T ADDRESS	6345 Aberdeen Ave			
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-5	T-ZIP	New Port Richey, FL 3	<u>4653                                    </u>	Chau	T Addition
TITLE		☐ DELETE	5.1 TITLE		_	Ľ	Change	Addition
NAME			5.2 NAME				-	
STREET ADDRESS	·			TADORESS				ļ
CITY-ST-ZIP			5.4 CITY-5	i1-ZIP		<del></del>	Chan	- Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME			<u></u>	Change	☐ Addition
MAME	i e		■ 0.∠ NAME	l l				ı

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

1-12.99

(727)846-0556

Daytime Phone #