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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029001 (3)

D.J. EN	ITERPRISES OF TAMPA,	INC.				
Principal Plac	e of Business	Mailing Address			- TABORADA PIO JOIDO PIRAL DOVIE DOVIE DOVIE DOVIE	IN 11888 KANT MANT DETRY (1987 JAHR
2408 HORATIO ST. 2408 HORATIO ST. TAMPA FL 33609 TAMPA FL 33609					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
					04/20/1993	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-3177222	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	6	City & State		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔲 No
	 Name and Address of Cur 	ent Registered Agent			10. Name and Address of New Registe	ered Agent
Gassman, Alan S 1212 Court St. Suite B				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
CLI	EARWATER FL 34616			B3		
				84 City		FL 85 Zip Code
agent. I a SIGNATURE	im familiar with, and accept the ob-	ligations of, Section 607.0505	, Florida Sta NOTE: Registere	d by the corpora Jules. d Agent signature requ		NTE .
12.		ND DIRECTORS DELETE	13.	11.6	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D CHOICTIE DANIEL I	ון טנונונ	1.1]	· .		Change Addition
NAME OTTOTAL ADDRESS	CHRISTIE, DANIEL J 2408 HORATIO ST.		1.2 N			
STREET ADDRESS	TAMPA FL 33609			REET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA PL 33009	DELETE	1.4 U	TY-ST-ZIP		Change Addition
NAME		T pretir	2.1 N	·]		CT OHOUSE CT ROUTION
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			- 1	ITY-ST-ZIP		
TITLE		DELETE	3.1 Ti			Change Addition
NAME			3.2 N	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			a di	ITY-ST-ZIP		
TITLE		DELETE	4.1 T(☐ Change ☐ Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		DELETE	5.1 1			Change Addition
NAME			5.2 N/	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does no indicated on this annual report of tupplemental annual report is a folicer or director of the cocloration or the receiver or tractee employed or on an attachment with an addition. by t qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered it as feature, this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CHTY-ST-ZIP

6 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

DAN CHRISTIR 4-17-58

Change

Addition

FILED

Apr 22 1998 8:00am

Secretary of State