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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062142 (3)

FILED Feb 03 1998 8:00am Secretary of State

1.	D. R. DI		MENT, INC.			` ,												
Principal Place of Business Mailing Address 4735 BEE RIDGE RD 40TH FLOOR- SARASOTA FL 34233 US WAILING Address 205-EACT 162ND 67MEET SOUTH HOLLAND IL 60473 US											DO NOT WRITE IN THIS SPACE							
U	5									3		corporated //1993	d or Qua	dified				
2.	2. Principal Place of Business			20	2a. Mailing Address					4	4. FEI Number						Ar	pplied For
21				26						\bot	<u>65-0</u>	<u>)441457</u>						ot Applicabl
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					6	. Certifica	ate of Stati	us Desire	ed				Additional equired	
City & State			- 21	City & State				<u>~</u>		Election Campaign Financing							May Be	
23				28								und Contri	-					to Fees
Zip			Country		Zip		Countr	Г у	У		This corporation owes or has paid the corporation owes or has paid the corporation and the personal Property Tax due June 30.					_ `	_	
24		D. Name	25 and Address of C	29 Current Regis	stered Agent	3/ I	<u>oj</u>			L		al Property and Addre				Yes d Agent		_ No
	SAV	ARY, JOH					81	1	Name		,				J	B		
	240	SOUTH P	INEAPPLE AVE.				82	2	Street Add	dress (PO Box	Number is	Not Acr	ceptab	le)			
10TH FLOOR											140:11001			<u>.</u>			-1.3.43	
	SAR	rasota fi	L 34236				83	3										
ı							84	4	City						FI	85	Zip (Code
11	Pursuant to office or reasont. La	to the provis egistered aç m familiar w	sions of Sections 60 gent, or both, in the lith, and accept the	7.0502 and 6 State of Flori	307.1508, Flo ida. Such cha of Section 60	rida Statutes ange was aul of 0505. Flori	, the above thorized b	ve-i oy t	named cor the corpora	poration's	on submit board of	s this state directors.	ement for I hereby	r the pu			ging it ent as	s registered registered
	GNATURE .	TIV PART.	Into some security	Obligations :	n, 00000 22	7,000, 1,0	Ju O.u.u	э с .										
		Signature, typed	or printed name of register			(NOTE: F		geni	l signature requ						DATE	= 5105		
12		 _	OFFICER	RS AND DIRE		DELETÉ	13.		<u></u>		ADDITION	NS/CHAN	GES TO	OFFIC	ERS AN	ND DIRE		RS IN 12
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	I hereby ce	ertify that the	e information suppli	ed with this f	iling does no	t qualify for the	he exemn	otio	on stated in	Section	on 119.07	(3)(i), Flori	ida Statu	utes. I fi	urther c	ertify the	at the	information
	Difficer of di	II/ACIOL OLIM	ial report or supplier ne corporation or the f changed, or on an	i to tovionest e	tructee empo	wared to eve	ite and the scute this	rej	my signatu port as req	ire sha Juired I	ıli have th by Chapte /	e same leg ≆r 607, Flo	gal effec rida Stat	:t as if r tutes; a	made u ind that	nder oat my nam	h; tha e app	it I am an bears in