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 05, 1999 8:00 am Secretary of State 05-05-1999 90039 024 ***150.00

DOCUMENT #	P93000073244
	1 30000010277

1. Corporation Name

D. B. ST	UCCO, INC.							
Principal Place	e of Business	Mailing Address				4 INSTITUTE IS DESIGNATION OF THE PARTY BATTER BATTER IN	100 iilio il	011 4 5011 01 0 1 1001
146 TULANE RO		146 TULANE ROAD				1		
VENICE FL 342		VENICE FL 34293						
						DO NOT WRITE IN THIS S	PACE	 -
						3. Date Incorporated or Qualifed		ì
						10/21/1993		 -
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
1/46	Tulane La	26 SAME				65-0444696		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
2		27				_ 		
City & State	e ,	City & State				6. Election Campaign Financing	•	0 May Be
	TICE, FlA	28				Trust Fund Contribution		to rees
Zip´	Country	Zip		intry		8. This corporation owes the current year Inta	ngione ∐Yes	4 ⊒N₀ ∫
43429		Paristand Agent	30			Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Current	redistaten väeur		81	Name	Tot selling dista segrado de tross scottos y	<u> </u>	
HAN	COCK, EDITH							
	TULANE ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		Ì
_	ENICE FL 34293			83				
3 11	MCE 11 34250			03				
				84	City	CI	85 Z	ip Code
				للل		poration submits this statement for the purpose of	hanging	ite registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such change was ions of, Section 607,0505, Fl	autnorize orida Stal	ז עס כ	ne corporatio	on's board of directors. I hereby accept the appoint	unent as	registered
SIGNATURE	Signature, typelalor printed name of registered agent	and title if applicable. (NO)	E: Registere	Agent	signature require	xi when reinstating)		
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 T	TLE	1		Chang	ge 🗌 Addition
NAME	HANCOCK, EDITH		1.2 N	AME)			ļ
STREET ADDRESS	146 TULANE ROAD		1.3 S	TREET	ADDRESS]
CITY-ST-ZIP	VENICE FL 34293		1.4 0	ITY-ST	-ZIP			
TITLE	V	☐ DELETE	2.1 T	ITLE			Chang	ge 🗌 Addition
NAME	HANCOCK, WILLIAM J JR		2.2 N	AME				
STREET ADDRESS	440 718 445 0040		2.3 S	TREET	ADDRESS			}
CITY-ST-ZIP	VENICE FL 34293			CITY-S1	r-zip			
TITLE	V			TLE			Chang	ge 🔲 Addition
NAME	HANCOCK, DARRELL		3.2 N	AME			,	` }
STREET ADDRESS	AND THE ANIE BOAD		3.3 5	TREET	ADDRESS			Ì
CITY-ST-ZIP	VENICE FL 34293		3.4. (สY-ST	r-ZIP			
TITLE	72.1108 72 0 1200	☐ DELETE	4.1 T				Chan	ge
NAME			4.21	VAME				
STREET ADDRESS	[ADDRESS			{
	}			(TY-ST				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 T				Chan	ge Addition
NAME	(=		AME	1			
STREET ADORESS	İ		3.Z N					
STATE WINDKESS	!				ADDRESS			
CITY OF TIP			5.3 \$		Į.			
CITY-ST-ZIP		DELETE	5.3 \$	TREET	Į.		Chan	ge
TITLE		☐ DELETE	5.3 S 5.4 C 6.1 T	TREET	Į.		Chan	ge
TITLE NAME		☐ DELETE	5.3 S 5.4 C 6.1 T 6.2 N	TREET STY-ST TILE IAME	-ZIP		☐ Chan	ge Addition
TITLE		DELETE	5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	TREET STY-ST TILE IAME	-ZIP ADDRESS		☐ Chan	ge Addition

I merely carry that the monthaton supplied with this hing does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes, I turner 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 of 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 fike empowered.

4-26-99 941-496-4903

Date Date Dayme Phone #

CR2E034 (11/98)