05-03-1999 90010 030 ***150.00

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

DOCUMENT # P93000083654

1. Corporation Name

Principal Place		Mailing Address	DDIVE					
120 UNIVERSITY PARK DRIVE SUITE 150 WINTER PARK FL 32792 120 UNIVERSITY PARK DRIVE SUITE 150 WINTER PARK FL 32792						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed 12/07/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				59-3214002		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country 25	Zip 29	Cou	ntry		This corporation owes the current year Inta Personal Property Tax.	ıngible ∐Yes	□No
	9. Name and Address of Current					10. Name and Address of New Registered A	Agent	
VEO.	OLL DENNIS D			81	Name			ĺ
Veccia, dennis P 120 University Park Drive				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 150				83	*****			
WINTER PARK FL 32792				84	City		85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					<u> </u>	FL	1 - / 15-	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa	as authorized	l by i	tne corporatio	n's board of directors. I hereby accept the appoir	tment as re	gistered
- OIONATORE	Signature, typed or printed name of registered agent	1	NOTE: Registered	Agen	t signature required			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO ☐ Change	RS IN 12
TITLE	PD DELETE 1.1T			İ		Change	Addition	
NAME	CHARANI, AMMAR							
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			ry-st	T-ZIP		Change	Addition	
TITLE				2.1 TITLÉ			☐ Orlange	[_] Addition
NAME	VECCIA, DENNIS P							
STREET ADDRESS	(ADDRESS			ļ
CITY-ST-ZIP				T-ZIP		Change	Addition	
TITLE						Criange		
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			[**] Change	Addition
TITLE								
NAME			4. 2 N					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			7Y-ST	1-ZIP		Change	Addition	
TITLE			5.1 TI 5.2 N				:90	
NAME					ADDRESS			
STREET ADDRESS			5.4 Ci					
CITY-ST-ZIP		DELETE			,- <u>L</u> iF		Change	Addition
TITLE								

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP