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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 P94000002980

DOCUMENT #

D.R. BUSINESS SYSTEMS, INC.				
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Principal Place of Business	Mailing Address		, 1301125 112 123 123 123 123 123 123 123 123 123	
3460 NORTH COURTNEY PKWY	3460 NORTH COURTNEY PK	WY		
SUITE 8 MERRITT ISLAND FL 32953	SUITE 8 MERRITT ISLAND FL 32953		DO NOT WRITE IN THIS	SPACE
US	US		3. Date Incorporated or Qualifed	
			01/12/1994	
2. Principal Place of Business	2a. Mailing Address	0.0	4 EEI Number	Applied For
21	26 585 EL	LIOT DR	59-3230878	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	011 0 01 1	TCLAUA	6. Election Campaign Financing	\$5.00 May Be
23		ISLAND,	Trust Fund Contribution	Added to Fees
Zip Country	Zip 40/	Country	8. This corporation owes the current year Int	
24 25		BREVARL		☐ res ☐ No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
DIGULADO DOLIGIAO A		81 Name		
RICHARDS, DOUGLAS A	FF 4	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
3460 N. COURTNEY PARKWAY, SUIT	IE 8			
MERRITT ISLAND FL 32953		83		
		84 City		85 Zip Code
			FL	•         <u> </u>
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of	changing its registered ntment as registered
Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate.	of Florida. Such change was auti	nonzed by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its registered ntment as registered
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CITY-ST-ZIP 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 supplier ental 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 increase empowered a execute mis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an additional statute of the corporation of the corporatio

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition