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 # 1. Corporation Name: P9400006657 (8)

DFB CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

FILED Jun 22 1998 8:00am Secretary of State



290 LESLIE LA LAKE MARY F						
	= 	PINE WINII			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 01/18/1994	
2. Principal Pla	ace of Business	2a. Mailing A	ddress		4. FEI Number	Applied For
21		[26]			59-3220641	Not Applicable
Suite, Apt. #	♥, etc.	Suite, Apl	. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta	te		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 		puntry	Trust Fund Contribution	Added to Fees
24	25	29	30	ounts y	This corporation owes or has paid the c Personal Property Tax due June 30.	Wrent year Intendible No
	9. Name and Address of	Current Registered Age	nt		10. Name and Address of New Registered	d Agent
BAC	XE, DONALD F	1 C'	Au	81 Name		
-290	lesue lane /35	C - LECORIC	K LIVEKKE	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
LAK	ME, DONALD F LESLIE LANE /35 I E MARY FL 32 748 /	Alce Many F	<u>.</u>	83		
		<i>3ə</i> '	746 -			
		_		84 City	Fi	L 85 Zip Code
office or re	o the provisions of Sections (gistered agent, or both, in the n familiar with, and accept the	ic State of Horida, Such of	nange was authoriz	ed by the corpora	poration submits this statement for the purpose ition's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	Sign ature typical or printed many of resp	· Secol age of and bilicit appos able	(NOII : Registo	rod Agent signature requi	ired when reinstaing) DAT(
12.		HS AND DIRECTORS =	13		ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	PBAdke		DELETE 1.1	TITLE	RESIDENT	Change
NAME	-BAOKE; DONALD F.	35 E. Francic	μ Δαμ 12	NAME 1	BADKE DONALD F	=, X
STREET ADDRESS	290 LESLIE LANE -	155 C. Markie	1.3	STREET ADDRESS		•
CITY-ST-ZIP	LAKE MARY FL	hake Mory. F	T 32746 14	CITY-ST-ZIP		The same of the sa
TITLE			DELETÉ 2.1	TITLE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			23	STREET ADDRESS		
CITY-ST-ZIP			2 4	CITY-ST-ZIP		
TITLE			DELETE 3.1	TITLE		Clange
NAME			3.2	NAME		A_{i} , I
\$TREET ADDRESS			33	STREET ADDRESS	•	Sh/1/2
CiTY-ST-ZIP			3 4.	CHY-S1-ZIP		114/012
TITLE			DELETE 4.1	TITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3	STREET ADDRESS		
CITY+ST-ZIP			4.4	CHTY-ST-ZIP		
TITLE			DELETE 5.1	TOLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STRELT ADDRESS		
CITY-ST-ZIP			5.4	CITY+ST-ZIP		
TITLE			DELETE 6.1	TOTLE		Change Addition
NAME			621	NAME	BODODESGE	
STREET ADDRESS			633	STREET ADDRESS	-06/22/9801092- C	148
CITY-ST-ZIP				CITY - ST - ZIP	***150.00	
14. I hereby ce	ertify that the information sup	plied with this filing does r	not qualify for the ex	xemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

anishing does not quality for the exemption stated in section 1 (section 1 for footbal statutes). I further definity that the information and incomment and that I was an anish report is true and accurate and that I was I have the same legal effect as if made under oath; that I am any or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4-20.98