## 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 Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90041 026 \*\*\*150.00

## DOCUMENT # P9400007484

1. Corporation Name

D & B PROPERTIES OF LANTANA, INC.

Principal Place of Business * Mailing Address								•	
123 EAST COAS	ST AVE.	123 EAST COAST AVE.							
LANTANA FL 33	LANTANA FL 33462	INA FL 33462				DO NOT WRITE IN TH	IIS SDACE		
us us							3. Date Incorporated or Qualifed	IIG GF AOL	
							01/21/1994		1
- 5: : : : : :	La contract Desired	2. Mailian Addraga	<del></del>		-	<del></del>	4. FEI Number		oplied For
_ `	lace of Business	2a. Mailing Address					65-0464751	<b>↓</b>	tot Applicable
21		Suite, Apt. #, etc.					05 0404751	<del></del>	Additional
Suite, Apt. #, etc.							5. Certificate of Status Desired	<b>*</b>	Required
City & State .		City & State					s Floation Campaign Financing		D May Be
`	<del>9</del> .	28				6. Election Campaign Financing Trust Fund Contribution		to Fees	
23] Zip	Country	Zip	Co	untry			8. This corporation owes the current year		
<b>_</b>	25	29	30				Personal Property Tax.	Yes	XINο
24	9. Name and Address of Curren		[30]	T			10. Name and Address of New Register	ed Agent	
*****	S. Hame and Address of Corner			81	Nan	ne		,	-
DUN	ICAN, EUGENE			Ш					
	EAST COAST AVE			82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	TANA FL 33462			83			-		<del>-</del>
2,11	7,40112 00 102			00			'		
				84	City	-		L 85 Zip	Code
· · · · · · · · · · · · · · · · · · ·			<del> </del>	لط			<u>-</u>		to registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida, Such change wa	is authorize	d bv	tne co	orporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE			OTE: Desires	- A	4 -1	we sequired	when reinstating) DATE		[
40	Signature, typed or printed name of registered age	ID DIRECTORS	13.		ii signaii	ne reduited	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	D	DELETE					7,5511101101101101101101101101101101101101	Change	
TITLE	BURKHALTER, RONNIE			AME					+
NAME	660 CINDY CIR LN		1		r ADDDE	ee			ľ
STREET ADDRESS	1			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		33			
CITY-ST-ZIP	WEST PALM BEACH FL 33414	DELETE			I-ZIP	_		Change	Addition
TITLE	D CAN SUCCES		2.1 TITLE					_	
NAME (	DUNCAN, EUGENE				2 NAME				
STREET ADDRESS	689 NE 6 CT #409				T ADORE	SS			
CITY-ST-ZIP	BOYNTON BCH FL 33435			CITY-S	T-ZIP			☐ Change	a Naddition
TITLE		☐ DELETE	3.1 T	TILE			•	[] Criany	- LAGGILGH
NAME	_		3.2 N	IAME					1
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NAME			4.2	NAME					
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TITLE		☐ DELETE	5.1 T	MLE	. –		•	Change	e ☐ Addition
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CITY-ST-ZIP			5.4 0	CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 T	TILE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 9	TREE	T ADORE	SS			]

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.