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 # P94000021656

1. Corporation Name

D.B.D. S	ERVICES OF FLORIDA, INC	j.								
Principal Place of Business Mailing Address						- 1 1861 US 11 1611 1	(1881 11810	ENIEL DI	ISIN ATII PRAF	
250 AUSTRALIAN AVENUE SOUTH 40 RANDALL AVENUE										
W. PALM BEACH FL 33401 FREEPORT NY 11580								_		
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						03/16/1994				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21 26						11-3204975	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State						6. Election Campaign Financing .	\$5.	.00 M	lay Be	
23		28				Trust Fund Contribution	Add	ded to	Fees	
Zip	Country	Zip	Countr	ту		8. This corporation owes the current year In	angible			
24	25	25 29 30				Personal Property Tax.				
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	Agent			
			8	1	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)	_			
PLANTATION FL 33324			8:	2		<u> </u>				
I DAI	11/11/01/12 00024		0.	1						
			84	4	City	FL	85	Zip Co	ode	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized b ida Statute	y in es.	e corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	ntment a	as regi	stered	
			13.	10111 31	agriature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	RS IN 12	
12. πηε	P	□ DELETE	1.5 TITLE			ADDITIONO/OHANGEO TO CATTORING	Cha		Addition	
	STAVIN, MARK		1.2 NAME				_	-		
NAME	OCC ALIOTRALIAN AVENUE COURTS				DODECC					
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE			Cha	e	Addition	
TITLE	1 · ·)	•		·/•		
NAME	SCHWARTZ, ROBERT									
STREET ADDRESS					DORESS					
CITY-ST-ZIP				-ST-	ZIP		☐ Cha		Addition	
TITLE				3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	- C110	gu		
NAME				3.2 NAME					ļ	
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NAME			5.2 NAME						ł	
STREET ADDRESS			5.3 STRE						[
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-		ZIP				□ Additi-	
TITLE		☐ DELETE	6.1 TITLE				☐ Çha	.nge	Addition	
NAME			6.2 NAME	=						

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 of 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 in an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90124 022 ***150.00