## 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 # P94000025459

1. Corporation Name

DB REAL	.TY, INC.					
Principal Place	e of Business	Mailing Address				I TENTON THE IBITE BINE BONE BONE ON THE PRINT HONE BY HE DESIGN AND LOSS OF THE PRINT HONE
5514 PARK BOULEVARD PINELLAS PARK FL 34665  5514 PARK BOULEVARD PINELLAS PARK FL 34665						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						03/30/1994
2. Principal Pl	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
21						59-3305380 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certifcate of Status Desired See Required \$8.75 Additional Fee Required
22 27 City 8 State						
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23   28   Zip Country Zip C			Col	ıntry		This corporation owes the current year Intangible
Zip	25 Country	29	30			Personal Property Tax.
24	9. Name and Address of Currer		[30]	Ι'''		10. Name and Address of New Registered Agent
	5. Name and Address of Curre	it registated rigorit		81	Name	
ENGLANDER & FISCHER, P.A.				82	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 201						7. 3. 4. 5. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
ST. PETERSBURG FL 33710				83		
31. r	PETERSBURG PL 33/10	•		84	City	85 Zip Codé
e e e	.6				· · ·	FL
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s authorize	O DV	tne corbo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age					required when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.	<del></del>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1,1 T	TLE	· "	Change Addition
NAME	I		AME			
STREET ADDRESS	5514 PARK BLVD		135	TREET	ADDRESS	
CITY-ST-ZIP	OMEN AG DADY EL		ITY-S1			
TITLE	DELETE 2.1T				☐ Change ☐ Addition	
NAME	BRODERICK, ROGER B. 221					
STREET ADDRESS	CEAA DADIK DI VID			ADDRESS		
	DUNCTURE TO DEPTY OF				ŀ	
CITY-ST-ZIP			_	2.4 CITY-ST-ZIP		Change Addition
NAME OF THE PARTY	(1) (A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		☐ DELETE			·· =:	☐ Change ☐ Addition
				IAME		
NAME STREET ADDRESS					TADDRESS	
				ITY-S1		]
CITY-ST-ZIP			5.1 T		. <u>L</u> ır	☐ Change ☐ Addition

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90027 031 \*\*\*150.00

Daytime Phone #

Change

Addition