99 JUL 27 AM 10: 58

Sectionary of STATE TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT #

1. Corporation Name D.T.T.W., INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P94000040472

Principal Place of Business					Mailing Address					
110 S E 6TH ST 29TH FL FT. LAUDERDALE FL 33301					110 S E 6TH ST 29TH FL FT. LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE
US US					LAUDENDALE TE SOOI					3. Date Incorporated or Qualified
				-						05/25/1994
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
21					26					65-0498145 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					(V) \$8.75 Additional
22					27					5. Certificate of Status Desired Fee Required
City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23					28					Trust Fund Contribution Added to Fees
Zip	Zip Country				Zip Cour			/		8. This corporation owes the current year
24	25			29	29 30				Intangible Personal Property. Yes No	
9. Name and Address of Current Registered Agent								_		10. Name and Address of New Registered Agent
	20100 07	TO AT A P					81		Name	
BERRARD, STEVEN 110 S E 6TH STREET, 29TH FL							82	t	Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE 1400							83	+-		
FT. LAUDERDALE FL 33301						63	1			
'''	CAUCLIU	, LL L O					84	1	City	Fi 85 Zip Code
Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
12. OFFICERS AND DIRECTORS						13.			m signatore require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u>n</u>				DELETE		1 TITLE		37)	
NAME	STILES, TERRY W				C_) DELETE	1.2 NAA			I .	riebluenc/lleabuler *
STREET ADDRESS 6400 NORTH ANDREWS AVEN				IF	135					iles, Terry W.
CITY-ST-ZIP FT. LAUDERDALE FL 33309					1.4.01				041	00 North Andrews Avenue
TITLE	D D	DET IDALE	12 00000		DELETE		1 TITLE		- IT	. Lauderdale, FL 33309 X Change Addition
NAME 1	•	RD, STEVE	N			2:	2 NAME			rrard, Steven
STREET ADDRESS					2357			TAD		O SE Sixth Street, 29th Floor
CITY-ST-ZIP.			FL 33301	_		2.4	4 CITY-S	T-Z		Lauderdale, FL 33301
TITLE	- 11:				DELETE	3.	1 TITLE			Change Addition
NAME						3.3	2 NAME			1000029485611
STREET ADDRESS						3 :	3 STREE	T AL	DDRESS	-08/03/9901020024
CITY-ST-ZIP						3.4	4 CITY-S	T-Z	IP .	****558.75_****558.75
TITLE					DELETE	4.1	1 TITLE			Change Addition
NAME						4.3	2 NAME			- -
STREET ADDRESS						4.0	3 STREE	T AĮ	DORESS	
CITY-ST-ZIP						4.4	4 CITY-S	T-Z	IP	
TITLE					DELETE	5	1 TITLE			, Lange Addition
NAME						5.3	2 NAME		-	· Po
STREET ANNOESS						53	STREE	T AT	DORESS	1

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 of on an attachment with an address.

5.4 CITY ST-ZIP 61 TITLE

6.3 STREET ADORESS

6 2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETE

7/26/99

954-769-7206

Change Addition