2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000040472 1. Entity Name D.T.T.W., INC.						FILED Feb 24, 2000 8:00 am Secretary of State 02-24-2000 90051 049 ***150.00					
Principal Place of Business 110 S E 6TH ST 29TH FL FT. LAUDERDALE FL 33301 US		Mailing Address 110 S E 6TH ST 29TH FL FT. LAUDERDALE FL 33301-5000 US				-					
2. Principal Place of Business ONE FINANCIAL PLAZA, #		3. Mailing Address ONE FINANCIAL PLAZA, 01100									
Suite, Apt. #, etc. SUITE 1100 City & State		Suite, Apt. #, etc. SUITE 1100 City & State					DO NOT WRITE IN THIS SPACE 4. FEI Number or property Applied For				
FT. LAUDERDALE, FL Zip		,	FT. LAUDERDALE, FL				65-049814	145 Not Applic d \$8.75		t Applicable	
33394	6. Name and Address of Curren	33394	USA	`		·	ddress of New R		e Required		
BERRARD, STEVEN 110 S E 6TH STREET, 29TH FL SUITE 1400 FT. LAUDERDALE FL 33301					ddress (P.O. DNE FIN SUITE 1	ANCIAL	s Not Acceptable	») FL	Zip Code 33394	9	
	named entity submits this statement					DERDALE			33394	•	
Tax filing r	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	FILE NOW!	!! FEE 00 Fee	d Agent signatu IS \$150.0 will be \$5	ure required when 00 50.00 t of State	reinstating) 10. Electi Trust	ARD – PRE on Campaign Fir Fund Contributio	DATE nancing n.	Added	0 May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AN VPT STILES, TERRY W 6400 NORTH ANDREWS AVEN FT. LAUDERDALE FL 33309			-	4		HANGES TO OFF		Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BERRARD, STEVEN 110 S E SIXTH STREET, 29TH FT. LAUDERDALE FL 33301_	Delete			ONE FI		EN R. PLAZA, S E, FL 33	UITE 11	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP									Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bran Land	Delete						[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	ie Eet address - StZip] Change	Addition	
indicated of the co changed	certify that the information supplied w d on this report or supplemental report rporation or the receiver of trustee em l, or on an attachment with an address	Lie true and accurate and that r	nv ciana	turo chall h	ave the sam apter 607, Flo	e legal effect a prida Statutes;	as if made under and that my nam	oath; that I am le appears in E	i an officer Block 11 or	or alrector	
SIGNAT		R PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR	STEVEN	IR. BER	RARD-PRES	IDENT	ime Phone #		