## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000041506	(4)
1 Corporation Name		• •

Corporation Name

DB OF TAMPA, INC.

Principal Place	of Business	Maling Address			A-1.12-1011111111111111111111111111111111				
3808 STATE I		3808 STATE RO Ruskin FL 335							
						3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last   06/15/19		
2. Principal Pla	ace of Business	2a. Mailing Addre	oss			4. FEI Number		Applied For	
21		26				65-0499055	¢9.7	Not Applicable  5 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		Required	
22 City & State	9	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28				Trust Fund Contribution		led to Fees	
Zip	Country	Zip	<u></u> ⊢1	ountry		8. This corporation has liability for I		s 199.032,	
24	25	29	30			Florida Statutes Yes  10. Name and Address of New R	No adstered Agent		
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New N	egistereo Agent		
	B. 60 11 11 A								
	DENNIS			82	Street Addi	ess (P.O. Box Number is Not Acceptable)			
	TATE ROAD 674 FL 33570			83	<del></del>				
HUSNIN	FE 33370						85	Zip Code	
				84	City		FL  °°	Lip Code	
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	agent and tilk if applicable  SIAND DIRECTORS	(NOTE: Rogiste		nt signature require	ed which reinstating) ADDITIONS/CHANGES TO OFF			
TITLE	D	DEL.	ETE 1	1 TITLE			Chang	e 🔲 Addition	
NAME	CUTINI, DENNIS		1.2	NAME					
STREET ADDRESS	3808 STATE ROAD 674				T ADDRESS				
CITY-S1-ZIP	RUSKIN FL 33570	T) DEL		CITY-I			[ ] Chang	e 🔲 Addition	
TITLE		لــا مدر		NAME					
NAME STREET ADDRESS					1 ADDRESS				
CITY-S1-ZIP				CITY-					
TITLE		DEL	ETE 3.	1 TITLE			Chang	ge 🔲 Addition	
NAME			3.	2 NAME					
STREET ADDRESS	-		3:	3 STREE	FT ADDRESS				
CITY - ST - ZIP		F) bt			SI-ZIP		Chang	ge	
TITLE		DE(		1 TITLE 2 NAME					
NAME SAREET ADDRESS				-	T ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP TITLE		☐ DE		1 TITLE			Chang	ge 🔲 Addition	
NAME		East 1		2 NAME					
STREET ADDRESS	, 1		5	3 STREE	ET ADDRESS				
CITY-ST-ZIP				4 CHY-	ST-ZIP				
TiTLE		DE	LETE 6	1 TITLE			Cnan	ge 🔲 Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

64 CITY-S1-7IP

SIGNATURE:

TITLE

STREET ADDRESS