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 # P9400072308

 Corporation Name DGCF II, INC.

Principal Place of Business 549 POPE AVE.

Mailing Address

549 POPE AVE. WINTER HAVEN FL 33880 P.O. BOX 7530 NA WINTER HAVEN FL 33883

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90055 033 ***150.00



DO NOT WRITE IN THIS SPACE

·		US						
	•				 Date Incorporated or Qualife 09/27/1994 	d		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	**	A	pplied For
71 - T.	200 0. 223000	26			59-3271697		N	ot Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.	·	-			\$8.75	Additional
- OO.1.C, 7.p.1.		27			5. Certifcate of Status Desired		Fee R	equired
City & State	·	City & State		-	6. Election Campaign Financing		\$5.00	May Be
- '		28	- •		Trust Fund Contribution	, <u> </u>		to Fees
2ip	Country	Zip	Countr	v	8. This corporation owes the cu	rrent vear Intai	naible	
-	25	⊢	30	,	Personal Property Tax.	· ·	∐Yes	No
4	9. Name and Address of Current		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	~ ~	10. Name and Address of New	Registered A	gent	
	. Name and Address of Culture	registered Agent	8	1 Name			-	
SCHREIBER, MARK E R								
549 POPE AVE.			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)			
	TER HAVEN FL 33880	•		83				
*****	ICH INVENTIC GOOD		8	3				
	•		8	4 City		<u> </u>	85 Zip	Code .
	to the provisions of Sections 607.0502					<u> </u>		
agent. I a	to the provisions of Sections out 10002 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	es.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Ag	ent signature require	ed when reinstating)	. DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE	•		•	☐ Change	☐ Addition
NAME	SCHREIBER, MARK E		1.2 NAME	:				
STREET ADDRESS	549 POPE AVE.		1.3 STRE	ET ADDRESS				
	549 POPE AVE. WINTER HAVEN FL 33880							
CITY-ST-ZIP	549 POPE AVE. WINTER HAVEN FL 33880	DELETE .	1.3 STRE 1.4 CITY- 2.1 TITLE	ST-ZIP		.,	☐ Change	Addition
CITY-ST-ZIP		DELETE .	1.4 CITY- 2.1 TITLE	ST-ZIP			Change	. Addition
CITY-ST-ZIP TITLE NAME		· DELETE ·	1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		· DELETE ·	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ST-ZIP			☐ Change	. Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	ST-ZIP EET ADDRESS -ST-ZIP		m drive y il o	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP		m domina que d		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ST-ZIP E ST-ZIP E ST-ZIP E E ET ADDRESS		त विष्युक्त		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ST-ZIP ELET ADDRESS -ST-ZIP ELET ADDRESS -ST-ZIP		on a second	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		n det ve		☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS		ल डॉल्ड प्टें	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		7 3 T. T. E.	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ST-ZIP E TADDRESS -ST-ZIP E TADDRESS -ST-ZIP E TADDRESS		त वर्षः ५० (☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ST-ZIP ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CITY-2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	ST-ZIP ET ADDRESS -ST-ZIP E EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STRE	ST-ZIP ET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E ST-ZIP			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY-	ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ST-ZIP E ST-ZIP			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 NAME 6.4 NAME 6.5 NAME	ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 NAME 6.4 NAME 6.5 NAME	ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	Addition Addition

4. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachanged with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 941.291.0731

CR2E034 (11/98)