## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000082969**1. Corporation Name

D.M.J.D. FLORIDA CORPORATION

Principal Place	of Business	Mailing Address			,			
1318 LAYFAYETTE STREET CAPE CORAL FL 33904 US		1318 LAFAYETTE ST			,			
		CAPE CORAL FL 33904 US			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 11/09/1994	·. '		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	7
21		26			65-0546113		Applicable	
Suite, Apt. #, etc.  22  City & State		Suite, Apt. #, etc. 27 City & State			5. Certifcate of Status Desired   \$8.75 Additional Fee Required			
					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
23 Zin	Country	28 Zip	Cou	intry	This corporation owes the current year Inc.			
Zip		29	30	,	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current	<del></del>	1301		10. Name and Address of New Registered	Agent		
·····	· ·	registered rigent		81 Name				
HILL.	, THOMAS W CPA							
	LAFAYETTE STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	E CORAL FL 33904			83		415 1819 218		
					· · · · · · · · · · · · · · · · · · ·	Respondable		
				84 City	FL	85 Zip C	code	
11 Durationt	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes, the a	bove-named corr	poration submits this statement for the purpose of	changing its	registered	
The second of the	objetered eacht or both in the State Of	Horida, Such chande was a	วมทากกระเ	i ny ine corporau	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its intment as rec	registered gistered	
The second of the	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Horida, Such chande was a	วมทากกระเ	i ny ine corporau	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its intment as reg	registered gistered	
The second of the	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	autnorizeo orida Stati	tes.	ion's board of directors. Thereby accept the appo	changing its intment as rec	registered pistered	=
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	Florida. Such change was a cons of, Section 607.0505, Florida and title if applicable.  (NOT	autnorizeo orida Stati	tes.	ed when reinstating); ; ; ; ; DATE	THE TOTAL CO.		(86)
office or nagent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	Florida. Such change was a cons of, Section 607.0505, Florida and title if applicable.  (NOT	autnonzeo orida Stati E: Registered	a by the corporati	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	THE TOTAL CO.		(11/98)
office or ragent. I a SIGNATURE  12.	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	r Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.  (NOT)	E: Registered	a by the corporation of the corp	ed when reinstating); ; ; ; ; DATE	ND DIRECTO	RS IN 12	34 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND DHOLOCH, DOUGLAS	r Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.  (NOT)	E: Registered	a dy the corporati Agent signature require	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND HOLOCH, DOUGLAS  1305 S.E. 32ND TERRACE	r Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.  (NOT)	E: Registered  1.1 TI 1.2 No 1.3 S	TLE  AME  TREET ADDRESS	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	30E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	i Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.    DIRECTORS   DELETE	E: Registered  13. 1.1 TI 1.2 N 1.3 S	TLE  AME  TREET ADDRESS  TTY-ST-ZIP	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	CR2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	r Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.  (NOT)	E: Registered 13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI	TLE  AME  ITY ST-ZIP  TLE	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	CR2E034 (41/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	i Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.    DIRECTORS   DELETE	E: Registered  13.  1.1 TI  1.2 N  1.4 CI  2.1 TI  2.2 N	TLE  AME  ITY-ST-ZIP  TLE  AME  AME	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	CR2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	i Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.    DIRECTORS   DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S'	Agent signature require TLE AME IREET ADDRESS ITY- ST- ZIP TLE AME IREET ADDRESS	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	CB2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Floring the applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered  13. 1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.2 NV 2.3 S' 2.4 CI	TLE  AME IREET ADDRESS ITY- ST- ZIP  TREET ADDRESS ITY- ST- ZIP  TREET ADDRESS ITY- ST- ZIP	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change	RS IN 12 Addition	CB2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	i Florida. Such change was a cons of, Section 607.0505, Floring and title if applicable.    DIRECTORS   DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI	TLE AME ITY ST-ZIP TILE AME ITREET ADDRESS ITY-ST-ZIP TILE AME ITREET ADDRESS ITY-ST-ZIP TILE AME	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	CB2E034 (41/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Floring the applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADORESS CITY-ST-ZIP TLE AME AME AME AME AME AME AME AME AME	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change	RS IN 12 Addition	CR2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Floring the applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/	TLE AME ITY ST-ZIP TILE AME ITREET ADDRESS ITY-ST-ZIP TILE AME ITREET ADDRESS ITY-ST-ZIP TILE AME	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change	RS IN 12 Addition	CR0E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	I Florida. Such change was a cons of, Section 607.0505, Floring of applicable. (NOT)  DIRECTORS  DELETE  DELETE	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 CI	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition	CB2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Floring the applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S'	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change	RS IN 12 Addition Addition	CR9E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	I Florida. Such change was a cons of, Section 607.0505, Floring of applicable. (NOT)  DIRECTORS  DELETE  DELETE	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C/ 3.1 TI 3.2 N/ 3.3 S' 3.4 C/ 4.1 TI	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME IREET ADDRESS CITY-ST-ZIP TLE AME	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition	CR2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	I Florida. Such change was a cons of, Section 607.0505, Floring of applicable. (NOT)  DIRECTORS  DELETE  DELETE	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C/ 3.1 TI 3.2 N/ 3.3 S' 3.4 C/ 4.1 TI 4.2 N/	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition	CR0E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Figure 1	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 C	Agent signature require TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	CR0E034 (41/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	I Florida. Such change was a cons of, Section 607.0505, Floring of applicable. (NOT)  DIRECTORS  DELETE  DELETE	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 C 5.1 TI	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition	CROED34 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Figure 1	E: Registered  13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 C	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	CROED34 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Figure 1	E: Registered  13. 1.1 II 1.2 N/ 1.3 S' 1.4 CI 2.1 III 2.2 N/ 2.3 S' 2.4 C 3.1 II 3.2 N/ 3.3 S' 3.4 C 4.1 II 4.2 N/ 4.3 S' 4.4 C 5.1 II 5.2 N/ 5.1 II 5.2 N/ 5.1 II 5.2 N/ 5.1 II 5.2 N/ 5.1 III 5.2 N/ 5.1 II 5.2 N/ 5.2 N	Agent signature require TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS CITY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	CB2E034 (11/98)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of m familiar with, and accept the obligation of the state of management of the state of	Florida. Such change was a cons of, Section 607.0505, Figure 1	E: Registered  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CO 3.1 TI 3.2 No. 3.3 S' 3.4 CO 4.1 TI 4.2 No. 4.3 S' 4.4 CO 5.1 TI 5.2 No. 5.3 S'	Agent signature require TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS	ed when reinstating);  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	CB0E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET, ADDRESS

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90007 042 \*\*\*150.00