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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P95000050234 | (0) |
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| 4 Corporation Name | | |

Corporation Name

| D3 REALT | y investmen | T GROUP. | INC. |
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| Principal Place of Business Mailing Address | | | | | | | 1 1 114 (1) | IN IN INI | DINI BUNI DE | HIT BOOK DE | | DANG HUMA | \$ 41111 8181 18 1 | H | | |
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| | | | | | | | | Date Inco 06/26 | | or Qualified | 3a. | Daje of | Last Re | эроrt | | |
| 2. Principal Pla | ace of Business | 2a. Mailin | g Address | | | | | 4. FEI Numb | | -~D | | | 1 | Applied For | r | |
| Suite, Art. # | t oto | 26 | Ant # ofn | | | | | ω | -09 | 28 7 | <u>06</u> | <i>{</i> | | Not Applica | - | |
| 22 | | 27 | Apt. #, etc. | - | | | | 5. Certificate | e of Status | Desired | | | | Additiona Required | | |
| City & State | | City & 28 | State | | | | | 6. Election (Trust Fun | Campaign d Contribu | | | | | 0 May Be d to Fees | | |
| Ζφ 24 | Country (25) | Zıp 29 | | 30 Co. | intry | | | 8. This corp Florida St | | | or intangil | | inder s | 199.032, | | |
| | 9. Name and Address of Curren | t Registered / | Agent | | | | 1 | 0. Name ar | nd Addres | s of New | Registe | red Ag | ent | | | |
| | | | | | 81 | Name | | | | | | | | | | |
| PALACIO 8705 SW |), ICER / 55 Street | | | | 82 | Street A | ddress | (P.O. Box No | ımber is N | lot Accept | able) | | | | \dashv | |
| | CITY FL 33328 | | | | 83 | | · | | | | | | | | | |
| | | | | | 84 | City | | | | | | | 0.E 7in | Code | | |
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| or regis ere | o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti | ia. Such chang | je was authorize | s, the abo d by the d | ve-n corpo | amed cor oration's b | rporation board of | submits this directors. If | s statemer nereby acc | nt for the p cept the ap | ourpose o opointme | of chang nt as rec | ing its registered | egistered o agent. I ar | office n | |
| SIGNATURE | | | | | | | | | | | | | | | | |
| | Signature typed or printed name of registered agent | | TOW | | Agant | signature rec | quired wher | | | | DA | | | | | <u>2</u> |
| 12. | OFFICERS AND | | DELETE | 13. | T. F | т | | ADDITION | IS/CHANC | SES TO OF | FFICERS | | | | | CR2E034 (12/95) |
| NAME | DRUCK, DENNIS | Į. | L) Dereie | 1.17 | | | | | | | | LJ (| Change | Addition Addition | on | Ξ |
| STREET ADDRESS | 8705 SW 55 STREET | | | 1.2 N | | #DDDEGG | | | | | | | | | | 욠 |
| CITY - ST - ZIP | COOPER CITY FL 33328 | | | | | ADDRESS | | | | | | | | | Įį. | 띘 |
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| NAME | | | | 5 2 NA | ME | | | | | | | | | | | |
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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 oath; that I am an officer or directly of the sorporation of 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 chapter 607, on a regular ment with an address.

SIGNATURE:

SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DRUCK, PROS. 4/18/8 (954) 434.861/