2000 UNIFORM BUSINESS' REPORT (UBR) DOCUMENT # **P95000074793**

Mailing Address 65 NE 4TH AVENUE

3. Mailing Address

City & State

6. Name and Address of Current Registered Agent

egistered agent and title if applicable

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

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TITLE

NAME

STREET ADDRÉSS

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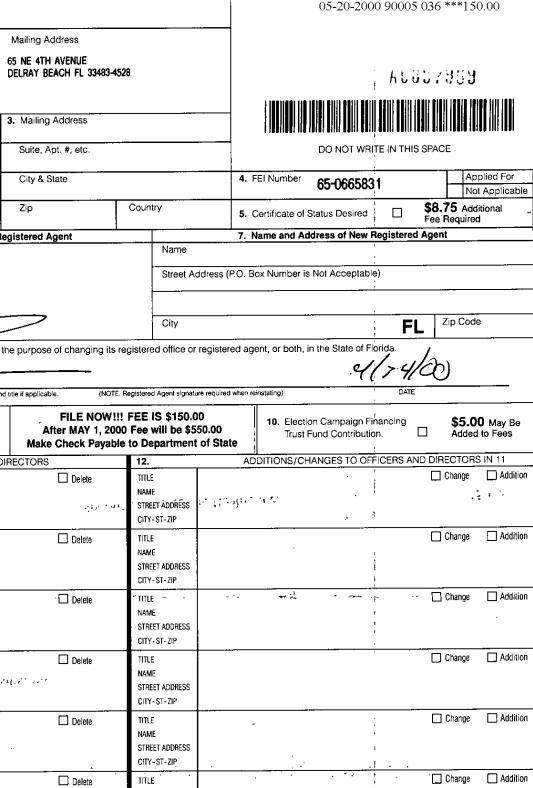
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Name

DELRAY BEACH FL 33483-4528

FILED May 20, 2000 8:00 am Secretary of State

05-20-2000 90005 036 ***150.00



does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with me filling indicated on this report or supplemental report is the areof the corporation or the receiver or trustee entry were in the corporation of the receiver or trustee entry were in the corporation of the corporation of the receiver or trustee entry were in the corporation of the changed, or on an attachment with an er like empowered

CITY-ST-ZIP

SIGNATURE:

DEE CAR REALTY, INC.

Principal Place of Business

2. Principal Place of Business

CARBONE, LOUIS J ESQ

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

CARBONE, PAT

15452 STRATHEARN DR

CARBONE, DELORES

CARBONE, LOUIS

1708 S. OCEAN DRIVE

DELRAY BEACH FL 33403

ALL FITTER STATE OF STATE OF THE STATE OF

DELRAY BEACH FL 33446

15452 STRATHEARN DRIVE

DELRAY BEACH FL 33446

65 NE 4TH AVENUE **DELRAY BEACH FL 33483**

8. The above named entity

(See criteria on back)

PSD

SIGNATURE

11.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

TITLE --- === NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-709

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

65 NE 4TH AVENUE

DELRAY BEACH FL 33483

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR