## 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 # P95000079848

1. Corporation Name

DEMPSEY CAPITAL MANAGEMENT GROUP, INC.

Principal Place	e of Business	Mailing Address			1 00111 18810 18101 18111 \$1001 3011 1001
200 EAST BROW	WARD BLVD.	200 EAST BROWARD BLVD.	•		
SUITE 130	E EL 20204	SUITE 130 FT. LAUDERDALE FL 33301		DO NOT WRITE IN	THIS SPACE
FT. LAUDERDAL	LE PL 33301	FI, LAUDERDALE PL 33301		3. Date Incorporated or Qualifed	
				10/16/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1751 6	Dest Cypress Crook Ld	26 1751 West	Cupress C	rock 65-0613344	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	יי (בּ	5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	la El	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Ft Lau	uder da le , + C	Zip Loudonda	Country	This corporation owes the current year.	
24 333	•	29 33309 B	···	Personal Property Tax.	Yes No
24 0 5 5	9. Name and Address of Current F		1	10. Name and Address of New Regis	tered Agent
			81 Name	ak On int M	
	CK, DAVID A		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	EAST BROWARD BLVD.		1751	West Cyphess Check	5 (9)
	E 130		83		
FT. L	AUDERDALE FL 33301		84 City		85 Zip Code
			FT 10	uderdale	FL     33309
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered appointment as registered
	egistered agent, bu byttyrilly tipe grate by	Dilla. Outil change was date	ionizod by the corport	20010 pagia of all poterior 7 Pr	
agent. I a	m familiar with and accept the obligation	ns of, Section 607.0505, Florid	la Statutes		la a
agent. I a	x 1/2/	Stovid A. Z	where 1	5TO 4BI	199
SIGNATURE	Signature, pred of printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature req	uired when reinstating)	ATE .
SIGNATURE	Signature, good of printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature req	STO 4910 During when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE .
SIGNATURE	Signature, good printed name progistered agent a  OFFICERS AND  PSTD	DIRECTORS  1 DEVIOL A. Z (NOTE: R	egistered Agent signature req.  13.  1.1 TITLE	STO 4910 Dutred when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
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SIGNATURE  12. TITLE NAME	Signature, yeld of printed name of registered agent a  OFFICERS AND  PSTD  ZWICK, DAVID A  200 EAST BROWARD BLVD., SU	nd title if applicable (NOTE: R) DIRECTORS	egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	STO 4910 Dutred when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, Used of printed name of registered agent a  OFFICERS AND  PSTD  ZWICK, DAVID A  200 EAST BROWARD BLVD., SUI  FT. LAUDERDALE FL 33301	DIRECTORS  DELETE	egistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	STO  JOD  JUINED WHEN reinstating)  ADDITIONS/CHANGES TO OFFICE  STO  LUICK, Dand A  JSI West Cypress Cu  T Landerokuk, FC 3330  VO  Change Total	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, Lood printed name of registered agent a PSTD ZWICK, DAVID A 200 EAST BROWARD BLVD., SUI FT. LAUDERDALE FL 33301 VD COHEN, TODD J 200 EAST BROWARD BLVD., SUI FT. LAUDERDALE FL 33301 VD COOPER, PETER 200 EAST BROWARD BLVD. SUI	DIRECTORS DIRECTORS DELETE  TE 130  DELETE	egistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	STO  Divided when reinstating)  ADDITIONS/CHANGES TO OFFICE  STO  Linet, Dand A  751 West Cypress Cu  † landonokile, fc 3330  VO  chan, Tould )  1751 West Cypress Cu  Pt landerodate, fc 3330  ATTO WARREST CYPRESS CA  ATTO	RS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition
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14. 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 sustee 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 or an aparagraphy with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:**  §

NAME

STREET ADDRESS

CITY-ST-ZIP

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

04-26-1999 90077 044 \*\*\*158.75