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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003242 (0)

DJD, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			- I DOUGHER HAD INNIO BIRKI BOTH BOTH BOTH BOTH BOTH BOTH BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI	
17192 ALICO CENTER RD FORT MYERS FL 33912  US  17192 ALICO CENTER RD 17192 ALICO CENTER			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  01/08/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21	26 17192 alica Center Rd		65-0646903 Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & State	28 Fort Muers F	L	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
<b>Zip</b> Country <b>24 25</b>	29 33912 30	untry US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
9, Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent		
ROMANO, FRANK 125 NEW BRITTANY BLVD UNIT 22 WORLD PLAZA		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33907		83		
		84 City	FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE								
Signature, typed or printed name of registurind agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELET€	1.1 TITLE	Change	Addition			
NAME	DAVISON, DENNIS J		1.2 NAMÉ		ŀ			
STREET ADDRESS	17192 ALICO CENTER ROAD		1.3 STREET ADDRESS		ŀ			
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY - ST - ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	Addition			
NAME	DAVISON, LYNNE M		2.2 NAME					
STREET ADDRESS	17192 ALICO CENTER ROAD	,	2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY-ST-ZIP					
TITLE		DELETE	31 TITLE	Change	Addition			
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	☐ Change	Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ì			
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition			
NAME			5.2 NAME		1			
STREET ADDRESS			5.3 STREET ADDRESS		İ			
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	Change	Addition			
NAME			6.2 NAME		į			
STREET ADDRESS			6.3 STREET ADDRESS		ľ			
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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 oregiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennie Jami

DENNIS J. DAVISON

4/1/98 941-267-2400

CR2E034 (10/97)