

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

PROFIT
CORPORATION
ANNUAL REPORT

1999 Amended



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008869

1. Corporation Name

DTEX, INC.

FILED

99 NOV 22 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

9640 CONCHELL MANOR
PLANTATION FL 33324

9640 CONCHELL MANOR
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

65-0642388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HADEED, ANIS
9640 CONCSHELL MANOR
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

DAVID HADEED

82 Street Address (P.O. Box Number is Not Acceptable)

83 9640 Conchshell ManOr

84 City PLANTATION

FL

85 Zip Code 33324

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 registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

11/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
STREET ADDRESS 9640 CONCSHELL MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME D
STREET ADDRESS 9640 CONCSHELL MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ DELETE

NAME D
STREET ADDRESS 9640 CONCSHELL MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DAVID HADEED
1.3 STREET ADDRESS 9640 Conchshell ManOr
1.4 CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JACQUELINE HADEED
2.3 STREET ADDRESS 9640 Conchshell ManOr
2.4 CITY-ST-ZIP PLANTATION 33324 FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SP

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 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.

SIGNATURE:

David Hadeed

11/10/99