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 # P96000022355

1. Corporation Name

D. BROTHERS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address 1906 NW 49TH AVE COCONUT CREEK FL 33063 US				
5871 N UNIVERSITY DRIVE MIDWAY PLAZA. BOX 430 TAMARAC FL 33321 US					
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	27				
City & State	City & State				
23	28				
Zip Country	Zip Country				

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90008 025 ***150.00



	<u> </u>							8((B) 8)() 1831		
Principal Place	of Business	Mailing Address								
5871 N UNIVER	SITY DRIVE	1905 NW 49TH AVE								
MIDWAY PLAZA, BOX 430 COCONUT CREEK FL 33063					DO NOT WRITE IN THIS SPACE					
TAMARAC FL 3	3321	US					SPACE			
US						3. Date Incorporated or Qualifed 03/08/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	plied For		
21		26	26			65-0646099	No	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Sectional				
22		27	27			5-Certificate of Status Desired Fee Required				
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	☐ Yes	<u>,</u> ∑ 4\vo		
	9. Name and Address of Currer					10. Name and Address of New Registered	10. Name and Address of New Registered Agent			
				81	Name			ì		
DEAI	N-DIAS, ELIZABETH				<u> </u>	A LL (D.O. D A) b in Not A stable)				
1905	NW 49TH AVE			82	Street	Address (P.O. Box Number is Not Acceptable)				
	ONUT CREEK-FL 33068		-	83						
			ļ	84	City	ĖL.	. []	Code		
11. Pursuant	to the maisions of Sections 607.050	02 and 607.1508. Florida St	tatutes, the ab	ove	-named	corporation submits this statement for the purpose of	changing its	registered		
office or re	egistered an ent, or both, in the State	of Florida. Such change wa	as authorized	by 1	the corpo	pration's board of directors. I hereby accept the appo	ntment as re	gisterea		
agent. I a	m familiar with, and accept the Guida	Mons of, Section Drugos,	, i lojida Statu	iles.		MARCH	1 1 100	a l		
SIGNATURE	Signature, tydd or printed name of registered age	ant and title if applicable	NOTE: Registered	Ageni	t signature r	required when reinstating) DATE	4	- T		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	DRS IN 12		
TITLE	D	₹° DELETE		LE		PRESIDENT	Change	Addition		
	DEAN-DIAS, ELIZABETH	12	1.2 NA	ME		ELLINIAR DIAS		1		
NAME	1905 NW 49TH AVE				ADDRESS	1905 NW 49 AVE		ĺ		
STREET ADDRESS	COCONUT CREEK FL		1.4 CIT			COCONUT CREEK FL 33	とう	}		
CITY-ST-ZIP		☐ DELETE			1-ZIP	PRESIDENT	Change	Addition		
TITLE	D DIAG ALEGGANIDES D	□ Deres	•			m a	- دو دی	~		
NAME	DIAS, ALESSANDRA R		2.2 NA							
STREET ADDRESS		SALETSMAN DR			ADDRESS	7205 SPORTSMAN DRIVE				
~CITY-ST-ZIP.	TT. LAUDERDALE FL 33310	N. LAVDERDALE, F			7-ZIP	METH LAUDERDALE, TE 590		Addition		
πηνΕ	•	☐ DELETE	E 3.1 TIT	LE		DIS	Change	Auditon		
NAME			3.2 NA	ME		ALESSANDRA A. DIAS	_			
STREET ADDRESS			3.3 ST	REET	ADDRESS	7205 SPORTSMAN DRIVE				
CITY-ST-ZIP			3.4. CI	τγ- <u>\$</u>	T-ZIP	N. LAUDERDALE, FL 3306	<u>୫ </u>			
ITLE		☐ DELET	E 4.1 π	LE		. *	Change	☐ Addition		
NAME			4. 2 N/	ME		· ·		Ì		
STREET ADDRESS			4.3 ST	REET	ADDRES\$					
			4.4 CI					ĺ		
CITY-ST-ZIP TITLE		DELETI					Change	☐ Addition		
			5.2 NA					1		
NAME	,				ADDRESS			1		
STREET ADDRESS			5.4 CIT					ì		
CITY-ST-ZIP					- LIF		Change	Addition		
ΠΠLE		. □ DELET	- 1				C) Sumige			
NAME	•)	6.2 NA							
STREET ADDRESS		•			ADDRESS					
CITY-ST-ZIP	· / ·)		6.4 CII	TY-\$1	T-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 annulal 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 section 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 changed, or on an attachment with an address, withyall other like empowered.

CITY-ST-ZIP