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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000044934

1. Corporation Name

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90078 022 \*\*\*150.00

D & M P	PARTNERS, CORP.										
Principal Place	e of Business	Mailing Add	dress				+ 10031001 (10 (0610 0111) VB311 0	WICH WALL WATER W	INC) BININ 18	100 TILLI UIBI 1001	
5205 NW 64 TE LAUDERHILL FL	ERRACE		5205 NW 64 TERRACE LAUDERHILL FL 33319-7250				DO NOT WR	RITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed		OI AOL		
							05/28/1996				
2. Principal Place of Business		2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For	ļ
21		26					65-0687070			Not Applicable	ı
Suite, Apt. #, etc.		—	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional Required	1
22			City & State				C Flatia Compaign Figureian			May Be	
City & State		28	<u></u>				Election Campaign Financing     Trust Fund Contribution			u мау ве d to Fees	
Zip	Country	Zip		Coun	trv	_	8. This corporation owes the cur	rrent vear Inta			
24	25	29	ſ	30	-,		Personal Property Tax.	rioni your and	Yes	□No	
24]	9. Name and Address of Currer			301			10. Name and Address of New	Registered A	Agent		
CLID		· · · · · · · · · · · · · · · · · · ·		1	81 N	ame					
	ISTIANSEN, MANUEL A 5 NW 64 TERRACE			Ţ	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accep	table)	•		
	DERHILL FL 33319-7250			ļ.	83		<u> </u>	- C-100-21			
	•			1	84 C	ity		FL	85 Zi	p Code	ł
office or re	egistered agent, or both, in the State	of Florida, Such	change was at	unonzea i	Dγ tne	med corpo corporation	pration submits this statement for the in's board of directors. I hereby acce	e purpose of o ept the appoin	itment as	registered registered	
office or re agent. I as SIGNATURE	to the provisions of Sections 607.05c egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such ations of, Section	607.0505, Flor	ida Statut	by the tes.	corporation	of when reinstating)	DATE	itii eik as	,	1
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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 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: