## 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

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 023 \*\*\*150.00

DOCUMENT # P96000061080	
D AND W SALES, INC.	L CONTROL CONT

	•								
Principal Plac	e of Business	Mailing Address		-	•		8 814 8 B1 B1 1184	) <b>48</b> 181 (	
2940 S.W. 128T	TH AVENUE	2940 S.W. 128TH AVEN	UE						
MIAMI FL 33175-2008 MIAMI FL 33175-2008						DO NOT WRITE IN	THIS SPACE	Ε	
						3 Date Incorporated or Qualifed	THO SEAC		<del>"</del>
						07/19/1996			
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Apr	lied For
21		26				65-0699591		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			dditional
22 27						5. Carticale of Status Desired	F	ee Rec	uired
City & Stat	le	City.& State:	7 20 Q	-	•	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		dded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye	ar Intangible Ye∷ ∐		□No
24	[25]	29]	[30]			Personal Property Tax.  10. Name and Address of New Regist			
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Harris and Address of New Aegist	croa Again		-
MUR	RPHY, DIANE								
	S.W. 128TH AVENUE		l	82	Street Add	ress (P.O. Box Number is Not Acceptable)			-
	AI FL 33175-2008			83					
	<del>-</del>						11		
				84	City		FL  85	Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the al	bove	-named corp	poration submits this statement for the purpo on's board of directors. I hereby accept the		ng its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa	is authorized Florida Stati	by t	the corporation	on's board of directors. I hereby accept the	appointment	as reg	istered
_	an isriilisi waa, and accept the obliga	agend on, occasion our loads,		_,,,,,,					
SIGNATURE	Stgnature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered	Agent	signature require	d when reinstating) DA			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	DP	DELETE	1.1 111	LΕ			□ Ch	ange	☐ Addition
NAME	MURPHY, DIANE		1.2 NA	ME					
STREET ADDRESS	2940 S.W. 128TH AVENUE		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175-2008		1.4 CF		-ZIP	3			ma Addison
TITLE	TSD	DELETE	2.1 TIT	LΕ			□ Ch	ange	Addition
NAME	MURPHY, WARREN III		2.2 NA	ME					
STREET ADDRESS	2940 S.W 128TH AVENUE		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175-2008		2.4 C		T-ZIP				- Addition
TITLE		☐ DELETE					_ □ ch	ange	Addition
NAME			3.2 N						ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C		T-ZIP			12000	Addition
TITLE		☐ DELETE			1		ᆸᅜ	-dilige	C) Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CT		- ZIP		□ Ct		Addition
TITLE		L] DECEIE	5.1 TT 5.2 N/					winge	L_I ACCIDEN
NAME					ADDRESS				
STREET ADDRESS			5.4 CF						
CITY-ST-ZIP		DELETE			-417				Addition
TITLE		T DETELE	6.1 N				பு	⊶i.g¢	
NAME	1				ANNBEGG				
STREET ADDRESS	}		1		ADDRESS				
CITY-ST-ZIP	j		6.4 CI	IY-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 supplementar annual report is title 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 of frustee 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 attachpien with an address, with all other like empowered.

**SIGNATURE:**