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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071885 (3)

D.J. INVESTMENT MARKETING, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



	AMINGO DRIVE FL 33611		4828 FLA TAMPA F	AMINGO DRIVE				3.	Date Incorpc 08/21/19	orated or Qu	WRITE II	N THIS S	SPACE			\neg
2. Princi	pal Place of Busi	ness	2a. Mailin	2a. Mailing Address				4.	FEI Number	70				Δη	plied For	
21			26	 					59-3400	781			-		t Applicab	le
	Apt. #, etc.			Suite, Apl. #, etc.				Б.	Certificate of		red		•	75 <i>i</i>	dditional	
City & State				City & State				6.	Election Cam	npaign Finar	ncina				May Be	\dashv
23			28					Trust Fund Contribution Added to Fees							- 1	
Zip		Country 25	Zip 29	h h				8. This corporation owes or has paid the currentyear Intangible Personal Property Tax due June 30.								
		and Address of Curr	ent Registered A	\gent					Name and A				gent			╛
	MORRIS, DOI				8	1	Name									
ŧ	4828 FLAMIN TAMPA FL 33						Street Add	dress (P.O. Box Number is Not Acceptable)								\dashv
					8	3										٦
ı					8	4	City						85	Zip (ebo(\dashv
							•		···			<u>FL</u>	1	•		
11. Pursu	uant to the provise or registered ago to Lam familiar w	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob	502 and 607.1508 ite of Florida, Suci iriations of Social	3, Florida Sta tut h change was a on 607 0505 50	tes, the abo authorized t	by t	named cor the corpora	poration ation's be	n submits this loard of direct	statement f tors. I hereb	or the pur y accept	rpose of the appo	chang pintmer	ing it: nt as	registere registered	d]
SIGNATU		and accept the op-	iganona or, occur	007,0000, FR	orida Statut	.00.										1
	Signature, typed	or printed name of registered	agent and title if applicat	ole (NO1	f Registered A	gent	signature requ	ired when r	reinstating)			DATE				_],
12.		OFFICERS A	ND DIRECTORS		13.			A	ADDITIONS/C	HANGES TO	OFFICE		_	_		
TITLE	MUDDIA	S, DONALD J		DELETÉ	1.1 TITLE								L Cha	inge	Additional Addition	n
NAME OTTOET ADDI	4000 EI	LAMINGO DRIVE			1.2 NAMI											
STREET ADOR	TAMBA	FL 33611			1.3 STRE											ij
CITY+ST-ZIP	D			DELETE	14 CITY- 21 TITLE		-ZIP						Cha	noe	☐ Additio	
NAME	DOLCA	TER, JOHN HENRY			2.2 NAME											" [
STREET ADDR	1ESS 5603 PI	NE BAY DRIVE			2.3 STRE		DDRESS									
CITY-ST-ZIP	TAMDA	FL 33625			2. 4 CITY											
TITLE				DELETE	3.1 TITLE								Cha	nge	Addition	ıЩ.
NAME					3.2 NAME	Ē										
STREET ADDR	RESS				3.3 STREE	ET AI	DDRESS									
CITY-ST-ZIP	<u> </u>			DEL SES	3.4. CITY		- ZIP						<u> </u>			
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NAME CONCET AND	arce				4. 2 NAM											
STREET ADDR	i				4.3 STREE		1									
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NAME					5.2 NAME							•	00	yv		"
STREET ADDR	ESS				5.3 STREE		ODRESS									
CITY-ST-ZIP					5.4 CITY-											
TITLE				DELETE	6.1 TITLE				····				Cha	nge	Additio	$\overline{}$
NAME					6.2 NAME											
STREET ADDR	ESS				6.3 STREE	ET AC	ODRESS									
CITY-ST-ZIP					6.4 CITY -											-

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.