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 Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90141 022 ***150.00

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Corporation Name

D.J.L. OF SOUTH FLORIDA, INC.

Principal Bla	ace of Business					
14718 S.W. 1		Mailing Address				ann amin Ablan (1899 IIII) (1919) (18) (89)
MIAMI FL 331		14718 S.W. 113 LANE MIAMI FL 33186				
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualifed	
2 Principal	Place of Business	2 Malling Address			01/06/1997	
21	race of business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Ap	1. #, etc.	Suite, Apt. #, etc.			NOT APPLICABLE	Not Applicable
22	,	27			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			£ Election Communication	Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	ту	8. This corporation owes the current	
24	25	29	30		Personal Property Tax.	Yes (Z/No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	
LON	ACONO, DAVID J		8.	1 Name		
	18 S.W. 113 LANE		82	2 Street Addr	ess (P.O. Box Number is Not Acceptable	1
	MI FL 33186		L		The state of the s	
1114 1	IIII 1 E 00 100		83	3	the second second	1. 18 11 11 11 11 11 11 11 11 11 11
			84	1 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 "Zip Code"
11 Purcuant	to the provinions of Fastians CR7.	0500 - 1007 4500 51		<u></u>		
office or	registered agent, or both, in the sta	3502 and 607.1508, Florida Statute ate of Florida. Such change was a	es, the abov uthorized by	/e-named corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	oose of changing its registered
agent. I a	am familiar with, and accept the obt	igations of, Section 607.0505, Flor	rida Statute	s.	are board or directors. Thereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed maybe of registered a	acetho			X751	99
12. ·		AND DIRECTORS (NOTE:	: Registered Age	nt signature required		DATE
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	LOIACONO, DAVID J		1.2 NAME			Change
STREET ADDRESS			i i	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-S			
TITLE		☐ DELETE	2.1 TITLE	DI-ZIF		Į.
NAME					· · · · · · · · · · · · · · · · · · ·	Change D Addition
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CITY-ST-ZIP			2.2 NAME 2.3 STREET	T ANDRESS		☐ Change ☐ Addition
TITLE			2.3 STREE	T ADDRESS		☐ Change ☐ Addition
NAME		☐ DELETE				· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY-5			☐ Change ☐ Addition☐ Change ☐ Addition☐
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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 charged, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP