

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90053 018 ***150.00

DOCUMENT # P97000006259

1. Corporation Name
DC 2000 REALTY, INC.



Principal Place of Business

Mailing Address

% LOUIS J. CARBONE, ESQ.
701 SE 6TH AVE #201
DELRAY BEACH FL 33483
US

701 SE 6TH AVE
DELRAY BCH FL 33483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

65-0731475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 65 NE 4th Avenue
Suite, Apt. #, etc.

26 65 NE 4th Avenue
Suite, Apt. #, etc.

22 City & State
23 Delray Beach, FL

27 City & State
28 Delray Beach, FL

24 Zip Country
25 33483 USA

29 Zip Country
30 33483 USA

9. Name and Address of Current Registered Agent

CARBONE, LOUIS J
1708 S. OCEAN BLVD.
#2
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name LOUIS J CARBONE, P.A
82 Street Address (P.O. Box Number is not acceptable)
83 65 NE 4th Avenue
84 City Delray Beach FL
85 Zip Code 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	CARBONE, PAT	15452 STRATHEARN DRIVE	DELRAY BEACH FL 33446	<input type="checkbox"/>
VD	CARBONE, LOUIS J	1708 S. OCEAN BLVD., #2	DELRAY BEACH FL 33483	<input type="checkbox"/>
SD	CARBONE, DELORES	15452 STRATHEARN DRIVE	DELRAY BEACH FL 33446	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 561 272-0282

Date

Daytime Phone #

CR2E034 (11/98)