## 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

## DOCUMENT # P97000007491

D. SALL ENTERPRISES, INC.

Principal	Place of	Business				

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90120 039 \*\*\*150.00



Principal Place	of Business	Mailing Address				
6832 PALMETTO	CIRCLE	6832 PALMETTO CIRCLE				
S <del>UITE 206</del>	SUITE 206		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
BOCA RATON F	<del>L 33</del> 433	BOCA RATON FL 33433		DO NOT WRITE  3. Date incorporated or Qualifed	IN THIS SPACE	
	•					}
				01/27/1997		
2. Principal Pla	ace of Business	2a. Mailing Address	dar Cred F	4. FEI Number	<del> </del>	pplied For
21 H 10	ace of Business 9 Cedar Creek	<u>ы. 4109 се</u>	dar cred r	<4 65-0723708		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	, , ,	Additional
22		27				equired
City & State	a Raton FL	28 DDCL RATOR	, FL	6. Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
Zip	Country	Zip	Country	<ol><li>This corporation owes the current</li></ol>	it year Intangible	
24 3348	7 25 (/5/7)	29 3348/ 31		Personal Property Tax.	∐ Yes	<b>E</b> ZNo
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent	
81 Name SALL DAVID						
SALL, DAVID 82 Street Addre		Address (P.O. Box Number is Not Acceptable	(e) 0 d			
	PALMETTO CIRCLE		14(	09 cedar creek	- <u> </u>	
	E 206		83	ca Paton		
BOC	A RATON FL 33433		84 City	ca raisi	85 Zio	Code .
			la City		FL     3	348'T
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named o	corporation submits this statement for the pu	rpose of changing it	s registered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was auff	iorizea by the corpo	ration's board of directors. I hereby accept t	ne appointment as n	egistered
agent. i ai	Il lamiliar with, and accept the congano					- 1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	egistered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	Change	Addition
NAME	SALL, DAVID		1.2 NAME	Sull, David	Pd	
STREET ADDRESS	6832 PALMETTO CIRCLE, SUITE	206	1.3 STREET ADDRESS	Sull, David 4109 Cedar Creek Boca Raton, FL 33	_ <del> </del>	
	BOCA RATON FL 33433	200	1.4 CITY-ST-ZIP	Box Pata FL33	1487	
CITY-ST-ZIP	BOCA RATON FL 33433	□ DELETE	2.1 TITLE	Dock Ch.	Change	Addition
TITLE		_ 552216	2.2 NAME		_ •	
NAME						
STREET ADDRESS			2.3 STREET ADDRESS	•	•	
CITY-ST-ZIP		O DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELÉTE	3.1 TITLE			
NAME			3.2 NAME			ļ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Пс	Addition
TMLE		☐ DELETE	4,1 TITLE		☐ Change	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

Change

Addition

Addition