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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000011097

1. Corporation Name

D.R. CO	MPONENTS,INC.					
						I INDIINNY ILY INIIX IBBIL BOLLI BOLLI BOLLI DOLLI INDI ILBI ROLLI IBLI ILBI ILBI
Principal Place of Business Mailing Address						
100 EAST LINTON BLVD. 100 EAST LINTON BLVD.						
#304B #304B						
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	·		_			01/31/1997
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0746421 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	,	This corporation owes the current year intangible
24		29	30			Personal Property Tax.
•	9. Name and Address of Curren	t Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent / *
DOT				81	Name	
ROTHMAN, LEE M			ŀ	82	Street A	Address (P.O. Box Number is Not Acceptable)
2295 CORPORATE BLVD. N.W.						
SUITE 134			Į	83		
BOC	A RATON FL 33431			84	City	85 Zip Code
				04	City	FL SS 25 SSS
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 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE; f	Registered	Agen	nt signature re	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	Œ	ļ	Change Addition
NAME	RUDNICK, ALAN :		1.2 NA	ΜE		
STREET ADDRESS	RESS 100 EAST LINTON BLVD. #304B		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1,4 CITY-ST-ZIP		T-ZIP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	2.3		2.3 ST	REET	T ADDRESS	
CITY-ST-ZIP	2.4		2.4 Cſ	TY-S	ST-ZIP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME		32		ME	Ì	
STREET ADDRESS			3.3 ST	REE1	T ADORESS	
					- 1	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-5		51 - 22F	Change Addition
	' ~		4.2 NAME			
NAME					T ADDDEGG	
STREET ADDRESS	******		1	4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST		1- 2 P	Change Addition
TILE	☐ OECE1E			5.1 TITLE 5.2 NAME		
NAME	'				T ADORESS	
STREET ADDRESS					- 1	
CITY-ST-ZIP		□ pereze	5.4 CIT		1-214	☐ Change ☐ Addition
TITLE DELETE			6.1 TTTLE 6.2 NAME		Criange Addition	
NAME			6.2 NA	WE		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS