SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000055117

D. M. WARREN CORP.

Corporation/Name

FILED Jul 27, 1999 8:00 am Secrétary of State

07-27-1999 90023 011 ***150.00

| : | | | | | | | | | |
|---|--|--------------|--|--|---|---------------|----------------------------|--------------------------------|--|
| Principal Place of Business Mailing Address | | | | | # #################################### | BRIST COLOR O | /11 01 E11 | U U U U U U | |
| 7040 W. PALMETTO PARK ROAD BUILDING 4. SUITE 463 BOCA RATON FL 33433 | 7040 W. PALMETTO PARK ROAD BUILDING 4. SUITE 463 BOCA RATON FL 33433 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | 3 | 3. Date Incorporated or Qualified 06/23/1997 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4 | I. FEI Number | | | Applied For | |
| 1 | 26 | | | | 65-0763027 | | | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | o | | | 5. Certificate of Status Desired | | | 75 Additional ee Required | |
| City & State | City & State | | 6 | 3. Election Campaign Financing Trust Fund Contribution | | • | .00 May Be ided to Fees | | |
| Zip Country 4 25 | Zip 29 | Countr | гу | 8 | This corporation owes the current Intangible Personal Property. | | Yes | X No | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | | |
| SILVERMAN, STEVEN M | | 8 | | Name | | | | | |
| 7040 W. PALMETTO PARK ROAD | | | | Street Address (| treet Address (P.O. Box Number is Not Acceptable) | | | | |
| BUILDING 4, SUITE 463 BOCA RATON FL 33433 | | 8: | 3 | | | | | | |
| | | 8 | 14 | City | | FL | 85 | Zip Code | |
| Pursuant to the provisions of sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | Florida. Such change was a | authorized b | by th | | | | | | |
| SIGNATURE | | | | | | D. T. | | _ | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. **PSTD** ITLE DELETE 1.1 TITLE __ Change ___ Addition SILVERMAN, STEVEN M 1.2 NAME AME 7040 W. PALMETTO PK. RD., BLDG. 4, STE 463 1.3 STREET ADDRESS TREET ADDRESS **BOCA RATON FL 33433** ITY-ST-ZiP 1.4 CITY-ST-ZIP ITLE DELETE 2.1 TITLE Change AME 2.2 NAME TREET ADDRESS 2.3 STREET ADDRESS ITY-ST-ZIP 2.4 CITY-ST-ZIP ITLE DELETE 3.1 TITLE ___ Change ___ Addition AME 3.2 NAME 3.3 STREET ADDRESS TREET ADDRESS ITY-ST-ZIP 3.4 CITY-ST-ZIP πE DELETE 4.1 TITLE Change ٩ME 4.2 NAME 4.3 STREET ADDRESS TREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP TLE DELETE 5 1 TITLE Change Addition ΜĘ 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP ПF 6.1 TITLE ___ DELETE __ Change ___ Addition ME 6.2 NAME 6.3 STREET ADDRESS REET ADDRESS

1. 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 reserver 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 cha ESTEVEN IN SILVELNAN

6.4 CITY-ST-ZIP

SIGNATURE:

7/13/99

To Whom It has Concen,

I never received my Annual Feneral in Jan. I spoke with your office and was instructed to send the enclosed check for \$15000 for my 1999 Annual Report Fee.

Sincerely, SSU Steven M. S. Ivervian Gresident