


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90007 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # P97000066101 1. Corporation Name DI MUCCI REALTY CORPORATION OF FLORIDA																																																																													
Principal Place of Business 4565 SOUTH ATLANTIC AVENUE #5604 PONCE INLET FL 32127			Mailing Address 4565 SOUTH ATLANTIC AVENUE #5604 PONCE INLET FL 32127																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country																																																																													
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																													
3. Date Incorporated or Qualified 07/29/1997																																																																													
4. FEI Number 59-3463103																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																													
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																													
9. Name and Address of Current Registered Agent FRIEDMAN, RICHARD A 4535 SOUTH ATLANTIC AVENUE #5604 PONCE INLET FL 32127			10. Name and Address of New Registered Agent 81 Name Dave Mamon 82 Street Address (P.O. Box Number is Not Acceptable) 3422 S. Atlantic Avenue 83 84 City Daytona Beach Shores, FL 85 Zip Code 32118																																																																										
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 <i>[Signature]</i> DATE May 25, 1999																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DIMUCCI, ANTHONY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 WEST DUNDEE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALATINE IL 60067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VASD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DIMUCCI, YVONNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 WEST DUNDEE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALATINE IL 60067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>OSBURN, CARL F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4565 SOUTH ATLANTIC AVENUE #5604</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONCE INLET FL 32127</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PSD	<input type="checkbox"/> DELETE	NAME	DIMUCCI, ANTHONY P		STREET ADDRESS	100 WEST DUNDEE ROAD		CITY-ST-ZIP	PALATINE IL 60067		TITLE	VASD	<input checked="" type="checkbox"/> DELETE	NAME	DIMUCCI, YVONNE		STREET ADDRESS	100 WEST DUNDEE ROAD		CITY-ST-ZIP	PALATINE IL 60067		TITLE	VD	<input type="checkbox"/> DELETE	NAME	OSBURN, CARL F		STREET ADDRESS	4565 SOUTH ATLANTIC AVENUE #5604		CITY-ST-ZIP	PONCE INLET FL 32127		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP														
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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 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

[Signature] **May 25, 1999** (904) 322-2000
 Date Daytime Phone #

CR2E034 (11/98)