## 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 # P97000087632

D.D OF BROWARD, INC

Principal Place of B	Business	Mailing Address					, 68411 661	114 AMILI AMPRIL	1E-11 10019 91181	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
179 S STATE RD 7 MARGATE FL 33068		179 S STATE RD 7 MARGATE FL 33068								
		•						TE IN THIS	SPACE	<u>.:</u>
· · .						3. Date Incorporated or Q 10/10/1997	ualifed			
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number			Ar	pplied;For
21		26	ومدرمن شبعش	ے۔ نے		65-0753757			No	ot Applicable
Suite, Apt. #, et	c.	Suite, Apt. #, etc.				5. Certificate of Status De	sired		T	Additional equired
City & State		City & State				6. Election Campaign Fina Trust Fund Contribution	_		<b>*</b> • • • •	May Be to Fees
23	Country	Zip	Coun	ntrv	,	8. This corporation owes		ont year lot		10 / 002
Zip	Country	<u></u>	_	iti y		Personal Property Tax.		ent year int	Yes	□No
24	25     Name and Address of Current	11	<u>ان</u>			10 Name and Address of		Registered	Agent	
, <u>9</u> .	Name and Address of Current	registered Agent		81	Name	10.				
DAVIS, A			1	82	Street Addre	ess (P.O. Box Number is Not	Accepta	able)		
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: MARGA	TE FL 33068	•	·	83				1		
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<u> </u>		1007 1500 FL 14 Dt-1 4-	45 5			protice submits this statement	for the	DUITDOSA OF	changing its	s registered
office or regist	e provisions of Sections 607.0502 tered agent, or both, in the State of	Florida: Such change was auti	TOFIZEU	DVU	nameu corpo he corporatio	n's board of directors. I hereb	y accer	ot the appoi	ntment as re	gistered
agent. I am fa	miliar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statu	tes.						
SIGNATURE		<del></del>						DATE		
	ature, typed or printed name of registered agent a			Agent	signature required	ADDITIONS/CHANGES	TO OF		ID DIRECTO	ORS IN 12
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**FILED** Feb 01, 1999 8:00am **Secretary of State** 

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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 efficier 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 13 if chapted or on an effect the property of the corporation of the corpor

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

DELETE