Apr 16, 1999 8:00 am Secretary of State

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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 # P97000088408

D.W. TERMOTTO ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|--|-------------------------------------|------------------------|---------|-------------------------------|---|----------------------|---------------------------------|----------------------|
| 176 MANLEY RD | | 3530 BRIARCLIFF RD | | | | 1 | | | |
| WAUCHULA FL US | 33873 | | ATLANTA GA 30345 US | | | DO NOT WRITE IN THIS SPACE | | | |
| 00 | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | , | | | | 10/13/1997 | | | |
| 2. Principal P | ace of Business | 2a. Mailing Address | | | | 4, FEI Number | | Apr | olied For |
| 21 | | 26 | | | | 59-3480722 | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & State | | City & State | City & State | | | <u> </u> | | Fee Red | |
| - | 9 | ⊢ ′ | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 # Added to | • |
| Zip | Country | | Count | īv | | 8. This corporation owes the curren | t vear Int: | | 71 663 |
| 24 | 25 | | 10 | , | | Personal Property Tax. | t year inte | | □No |
| | 9. Name and Address of Curre | _ | | _ | | 10. Name and Address of New Re | gistered_/ | Agent | |
| | | | 8 | 11 | Name | | | | |
| O'TOOLE, WILLIAM T | | | 9 | 2 | Street Addre | ss (P.O. Box Number is Not Acceptable | <u>e)</u> | | |
| 1215 E BROWARD BLVD | | | Ĺ | 1 | | | | | |
| FIL | AUDERDALE FL 33301 | | 8 | 3 | | | | | |
| | | | 8 | 4 | City | | | 85 Zip C | ode |
| | | | | | | | FĻ | | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was aut | horized b | y th | named corpo ne corporation | ration submits this statement for the pun's board of directors. I hereby accept t | irpose of the appoir | changing its r ntment as reg | egistered istered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, Florid | da Statute | es. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | and title if annicable (NOTE: E | enstered A | ant s | signature required | when reinstative) | DATE | | (|
| 12. | | ND DIRECTORS | 13. | JOI N 0 | ngnatoro requireo | ADDITIONS/CHANGES TO OFFI | | D DIRECTOR | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | : | | | | Change | ☐ Addition |
| NAME | TERMOTTO, DAVID | | 1.2 NAMI | E | | | | | |
| STREET ADDRESS | 3530 BRIARCLIFF RD | | 1.3 STREET ADDRESS | | DDRESS 5 | 92 WYNTHROP MA | NOR " | ピア | į |
| CITY+ST-ZIP | ATLANTA GA 30345 | | 1.4 CITY-ST-ZIP | | ZIP / | 92 WYNTHROP MA 1ARIETTA, GA 300 | 64 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | • | | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAM | E | } | | | | ł |
| STREET ADDRESS | v v v | | 2.3 STRE | ETA | DORESS | | - | | |
| CITY-ST-ZIP | | | 2.4 CITY | -ST- | ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | • | | | | Change | ☐ Addition |
| NAME { | | | 3.2 NAME | Ē | ĺ | | | | į |
| STREET ADDRESS | | \ | 3.3 STRE | ETA | DDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | | ZIP | | _ . | | |
| TILLE | | ☐ DELETE | 4.1 TITLE | | } | | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NAM | | } | | | | |
| STREET ADDRESS | | | 4.3 STRE | | | | | | ſ |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE | | ZIP | | | Change | ☐ Addition |
| TITLE | | | 5.1 TITLE 5.2 NAME | | | | | | C) Addition |
| NAME CONTRACTOR | | | 5.3 STRE | | ODRESS | | | | |
| STREET ADDRESS | | | 5.4 CITY | | 1 | | | | |
| CITY-ST-ZIP | | □ DELETE | 6.1 TITLE | | - | | | Change | Addition |

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

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