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Apr 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099322

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ΠΩE

NAME

D & B INVESTMENTS OF CENTRAL FLORIDA INC.

Principal Place	of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	arra inite (Bina 1911).		
1757 PUTNEY O ORLANDO FL 3		1757 PUTNEY CIRCLE ORLANDO FL 32837		DO NOT WRITE IN T	HIS SPACE			
					3. Date Incorporated or Qualifed			1
					11/21/1997		1	l
6 Dinaire I Di	-f Ducinos	2a. Mailing Address			1 1/2 1/ 1991 4. FEI Number		pplied For	l
—	ace of Business	<u> </u>				├─	ot Applicable	l
21		Suite, Apt. #, etc.			59-3480422		Additional	ĺ
Suite, Apt. #, etc.		27		, , , , , , , , , , , , , , , , , , , 	5. Certifcate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution Added to Fees			1
Zip Country		Country		<u>ئە جىن بىن</u>	8. This corporation owes the current year Intangible			<u> </u>
24	25 29		30		Personal Property Tax. Yes No			-
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Register	red Agent		┨
RAM:	SAMOOJ, DEEN		81	Name				
1757	PUTNEY CIRCLE			Street Addres	ss (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32837		83		·			
		•	84	City	•	▝▐▃▕▝▔▎	Code ·	
-600000	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho	ritari DV	the comoration	ration submits this statement for the purpositions board of directors. I hereby accept the appropriate the state of the st	 of changing its pointment as re 	s registered egistered	
SIGNATURE					when minstating) DATE			١.
	Signature, typed or printed name of registered agent		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	3
12.			1.1 TITLE	1	ADDITIONAL DIVINGED TO STATE OF THE PARTY.	☐ Change		
TITLE	PD PARAMETER SEEM	□ beceie	1.2 NAME	ļ			_	;
NAME	RAMSAMOOJ, DEEN							
STREET ADDRESS	1757 PUTNEY CIRCLE			T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-S	T-ZIP		☐ Change	Addition	H
TITLE	SD	_	2.1 πΩE	\				\ `
NAME	ramsamooj, bernice		2.2 NAME				l	{
STREET ADDRESS	1757 PUTNEY CIRCLE		2.3 STREE	TADORESS				
CITY-ST-ZIP	ORLANDO FL 32837		2. 4 CITY-S	ST-ZIP				-
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME	T 1000000				İ
STREET ADDRESS		l		TADORESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			☐ Change	[] Addition	1
TITLE	•	☐ DELETE	4.1 TITLE			Change		_
NAME	1		4. 2 NAME		The configuration of the contract of the contr		-	
STREET ADDRESS		•	4.3 STREE	TADORESS				1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			- A 4 4 4 1 1 1 1	1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
ETPETT ADDRESS	*	1	5.3 STREE	TADDRESS				1

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 chapter 607, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

407-858-0656

Change

Addition