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Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100930 (1)

1. Corporation Name
DPNY LIMITED, INC.



Principal Place of Business
2622 BACCARAT DR.
COOPER CITY FL 33026

Mailing Address
2622 BACCARAT DR.
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 921 NW 179 AVE
Suite, Apt. #, etc.
22 PEMBROKE PINES FL
City & State
23 FL
Zip
24 33029
Country
25
2a. Mailing Address
26 921 NW 179 AVE
Suite, Apt. #, etc.
27 PEMBROKE PINES
City & State
28 FL
Zip
29 33029
Country
30

3. Date Incorporated or Qualified
11/25/1997
4. FEI Number
65-0801544
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMITH, MARK
2622 BACCARAT DR.
COOPER CITY FL 33026

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE C.E.O. ☐ Change ☐ Addition
1.2 NAME JEFFREY C PARKER
1.3 STREET ADDRESS 921 NW 179 AVE
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33029
2.1 TITLE PRESIDENT ☐ Change ☐ Addition
2.2 NAME DANA L. PARKER
2.3 STREET ADDRESS 921 NW 179 AVE
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

3/11/98 954-447-8056

CR2E034 (10/97)