## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000105316 (8)

DNN INC.

Principal Place of Business	}
301 S E 11 COURT	

Mailing Address

301 S E 11 COURT DEERFIELD BEACH FL 33441

## **FILED** May 14 1998 8:00am Secretary of State



**DEERFIELD BEACH FL 33441** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/15/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 5755 Powerline Road <u>65-0800-362</u> Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6, Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 29 Personal Property Tax due June 30. 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LYONS, NICOLE **5755 POWERLINE ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D 🔲 DELETE 1.1 TITLE Change TITLE LYONS, DON Lyons, Don 1.2 NAME NAME 35, Traverse de la Batterie 301 S E 11 COURT STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** 13015 Marseille France 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE LYONS, NICOLE 2.2 NAME NAME **301 S E 11 COURT** STREET ADDRESS 2.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 of or on a tlachment with address.