Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90044 040 \*\*\*150.00

## 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 # POROGON 150

1. Corporation DAFNA 7	RUST & HOLDINGS, INC.	000100			
Principal Place of Business Mailing Address					
6383 VIA ROSA BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/31/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26				65-0802531 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
22 27			<u></u>	*	Fee Required
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip					8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. Yes No
<u>'</u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
00.0	HOEDO PODIO		81	Name	•
GRUNBERG, FEBUS			82	Street A	t Address (P.O. Box Number is Not Acceptable)
	VIA ROSA				
BOCA RATON FL 33433			83		
·			84 City FL 85 Zip Code		
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligati	f Florida. Such change was autions of, Section 607.0505, Florid	a Statutes	tne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
			13.	nt signature re	a required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	VP OFFICERS AND	DELETE	1.1 TITLE	Т	Change Maddition
1	••		1.2 NAME		Jeffrey 7. Grunberg s 6383 Via Rosa Bown Rotan Ft 33433
NAME	Griditalia, British			r address	13021 Ma Rosa
STREET ADDRESS	BOOK DISCULS COMMO			- 1	Born P. Lon Ft 33433
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-219	Change Addition
TITLE			B		
NAME	0000 174 0004		2.2 NAME	- +	
STREET ADDRESS			2.3 STREE	- 1	3
Crty-st-zip			2.4 CITY-ST-ZIP : ===================================		Change Addition
TITLE	01, <sub>00</sub>				
NAME	GROTIDE TO, TIETLE TE		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	TO STATE OF THE ST		ł		ا ف
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE	•	" [] DELETE	4.1 TITLE		C statige C twatter
NAME			4.2 NAME		
STREET ADDRESS		•	1	TADDRESS	3
CITY-ST-ZIP		D SCIETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		. □ Criange □ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	٥

CITY-ST-ZIP SE 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

12 et 4

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition