COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT# P98000013291

D.M.B. FUTURES, INC.

REET ADDRESS

TY-ST-ZIP

## **FILED** Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90011 039 \*\*\*550.00

incipal Place	e of Business	Mailing Address		, ,
BREVARD A		405 BREVARD AVENUE		
COA FL 329	22	COCOA FL 32922		DO NOT WRITE IN THIS SPACE
			,	3. Date Incorporated or Qualified
		Anni Es	Tou Che	<u>-</u> S+  02/10/1998
Principal P	ace of Business	2a. Mailing Address	10-1	
V 1	ies Toy Chest	26 405 Breva	and Ave	59-3503415 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1,,,,	\$8.75 Additional
40.5	-Brevard Ave.	27 Co coa: -	FC	5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	<u> </u>	6. Election Campaign Financing \$5.00 May Be
Coc	og, FL	28 32922	Breward	Trust Fund Contribution . Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
329 <u>8</u>	ld 25 Brevard	29	30	Intangible Personal Property. Yes Vo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
Name J				Janice L. Bentley
HANSFORD, JAMES D			82 Street	Address (P.O. Box Number is Not Acceptable) 405 Brovard Huenue
405 BREVÁRD AVENUE QCCOA FL 32922				405 Brevard Avenue
	UA FL 32922		83	CACAQ FL 32922
			84 City	85 Zip Code
	_	· · · · · · · · · · · · · · · · · · ·		FL
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, Elorida Statutes.				
(0,0,0,0)				
GNATURE	Signature, yield or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur	
l	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LE	D	DELETE	1.1 TITLE	Change Addition
ME	HANSFORD, JAMES D	-	1.2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REET ADDRESS	407 1ST AVENUE	,	1.3 STREET ADDRESS	<u> </u>
Y-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CITY-ST-ZIP	
LE ·	D	DELETE	2.1 TITLE	Change Addition
ME	HANSFORD, IVARENE R		2.2 NAME	
REET ADDRESS	407 1ST AVENUE		2.3 STREET ADDRESS	
Y-ST-ZIP	-MELBOURNE-BEACH-FL-32951		- 2.4 CITY-ST-ZIP	
LE	D President	DELETE	3.1 TITLE	Janice L. Bentley Grange Addition UT sunset street
ME	BENTLEY, JANICE L		3.2 NAME	Janice L. Benge
REET ADDRESS	407 1ST AVENUE		3.3 STREET ADDRESS	67 Sunset Street
Y-ST-ZIP	MELBOURNE BEACH FL 32951		3.4 CITY-ST-ZIP	Satellite Bch, FL 32937
LF		DELETE	4.1 TITLE	Change Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
re .		DELETE	5.1 TITLE	Change Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	`
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		DELETE	6.1 TITLE	Change Addition
			6.2 NAME	

4. 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP