

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90054 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000022857

1. Corporation Name  
**D AND T, INC.**

Principal Place of Business  
**4055 FERN FORREST ROAD**  
**COOPER CITY FL 33026**

Mailing Address  
**4055 FERN FORREST ROAD**  
**COOPER CITY FL 33026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9901 PINES BLVD</b> Suite, Apt. #, etc. 22 City & State 23 <b>PEMBROKE PINES, FL</b> Zip Country 24 <b>33024</b> 25 <b>U.S.A.</b>		2a. Mailing Address 26 <b>9901 PINES BLVD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>PEMBROKE PINES, FL</b> Zip Country 29 <b>33024</b> 30 <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>03/11/1998</b>	
		4. FEI Number <b>65-0819279</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CUTLER, CHARLES L**  
**4055 FERN FORREST ROAD**  
**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES L. CUTLER</b>	1.2 NAME	
STREET ADDRESS	<b>4055 Fern Forrest Road</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SEC'T - TREASURER</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBYN L. CUTLER</b>	2.2 NAME	
STREET ADDRESS	<b>4055 Fern Forrest Road</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARD CUTLER</b>	3.2 NAME	
STREET ADDRESS	<b>6701 Sunset Drive, #200A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>South Miami, FL 33143</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward CUTLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-99** **954-443-3334**  
 Date Daytime Phone

CR2E034 (1/1/98)