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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000033896

1. Corporation Name

DRT FINANCIAL CONSULTANTS, INC.

Principal Place of Business Mailing Address									
8621 NORTHWEST 53RD COURT 8621 NORTHWEST 53RD COURT			OURT						
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067						DO NOT	WRITE IN THIS	SOACE	
						3. Date Incorporated or Qua		SFACE	
						04/13/1998			ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26			65-08281	58		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional	
27		27	7			5. Certifcate of Status Desi-	eo [_]	Fee Re	quired
City & State		City & State				6. Election Campaign Finar	ncing 🗀	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip Country			8. This corporation owes th	e current year In			
24]	25		30			Personal Property Tax.	Na Danistana		□No
	9. Name and Address of Current	Registered Agent	81	I N	ame	10. Name and Address of I	iew Registered	Agent	
SCH	LEMMER, DAVID L		"	1	aille				
8621 NORTHWEST 53RD COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)				Ì	
	AL SPRINGS FL 33067		83	\		A			-
			[0.	1					
			84	Ci	ty		FL	85 Zip C	>ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	uthorized by	/the	med corpor corporation	ration submits this statement for i's board of directors. I hereby	or the purpose of accept the appo	f changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Age	ent sign	ature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES T	O OFFICERS A		
TITLE	PRESIDENT DELETE THOMAS M SCHIEMMEN			1.1 TITLE				☐ Change	Addition
NAME	8955 RAMBIEWOOD	Dave APT 2609	1.2 NAME			>			
STREET ADDRESS			-1.3 STREE			,			
CITY-ST-ZIP	COTAL SPIINGS FL	DELETE	. 1.4 CITY-5	ST-ZIP				Change	Addition
TITLE	TIEASUR EN ROBERT SCHIEMMEN	: DELETE	2.1 TITLE					☐ Criange	A AUGUST
NAME	8621 NW 53 NO C	ount	. 2.2 NAME						
STREET ADDRESS	COTAL SPITALS FL 33067 SECRETARY DELETE		-	2.2 STREET ADDRESS					
CITY-ST-ZIP	SECTIONAL P	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	<u>'</u>			Change	Addition
TITLE	DAVID SCHIEMMER			3.2 NAME		_			
NAME	8621 NW 53 RD	COURT	3.3 STREET			>			
STREET ADDRESS	CORAL SPRINGS		3.4. CITY-			•			
CITY-ST-ZIP TITLE	0-744 ()77-4-83	DELETE	4.1 TITLE	31-Zir	 -			☐ Change	Addition
NAME		_	4. 2 NAME						ł
STREET ADDRESS			4.3 STREE		RESS				
CITY-ST-ZIP			4.4 CITY-5				1		ļ
TITLE	·	☐ DELETE	5.1 TITLE		1			☐ Change	Addition
NAME	,		5.2 NAME						1
STREET ADDRESS			5.3 STREE	ET ADO	RESS			,	1
CITY-ST-ZIP	•		5.4 CITY-	ŞT-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME			•		•	
070557 4000500			6.3 STREE	T ADD	RESS				

6.4 CITY-ST-ZIP 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 chapged, or on an attachment with an address, with all other like empowered.

954.796.7818