

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

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90044 038 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000034205

1. Corporation Name  
D.R. STONEWORKS, INC.

Principal Place of Business  
9560 N.W. 42ND COURT  
CORAL SPRINGS FL 33065

Mailing Address  
9560 N.W. 42ND COURT  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number  
65-0836220

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 10693 WILES RD.  
Suite, Apt. #, etc.  
22 SUITE # 167  
City & State  
23 CORAL SPRINGS FL  
Zip  
24 33076  
Country  
25 BROWARD

2a. Mailing Address  
26 10693 WILES RD.  
Suite, Apt. #, etc.  
27 SUITE # 167  
City & State  
28 CORAL SPRINGS FL  
Zip  
29 33076  
Country  
30 BROWARD

9. Name and Address of Current Registered Agent

HUGHES, M. DANIEL  
9560 N.W. 42ND COURT  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name  
M. DANIEL HUGHES  
82 Street Address (P.O. Box Number is Not Acceptable)  
3000 N. FEDERAL HIGHWAY, BLDG 2 S  
83 FT. LAUDERDALE, FL 33306  
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 use of changing its registered office, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *M. Daniel Hughes*  
Signature, typed or printed name of registered agent, and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date 4/1/99

12. OFFICERS AND DIRECTORS

TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	JUPITER, DEAN J	
STREET ADDRESS	9560 N.W. 42ND COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JUPITER, BARBARA	
STREET ADDRESS	9560 N.W. 42ND COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10693 WILES RD SUITE #167
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1-1/99)