PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Rezris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000034482**1. Corporation Name

THE DEE GROUP, INC.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90250 024 ***150.00

) (1807) 1881 1881 (1881) (1881) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886) 1886)

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Principal Place of Business	Mailing Address			
175 W CAMINO REAL BOCA RATON FL 33432	175 W CAMINO REAL BOCA RATON FL 33432			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 04/14/1998
2. Principal Place of Business 2s. Mailing Address 25				Applied For Not Applied by Not Applied Not Applied by
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip Country 24 25 25		Country		8. This corporation owes the current year Intangible Personal Property_Tax,
9. Name and Address of Cur		- T-		10. Name and Address of New Registered Agent
PLATTER, WILLIAM L 175 W CAMINO REAL BOCA RATON FL 33432		81	Name	
		82 Street Address (P.C		ess (P.O. Box Number is Not Acceptable)
		83		
		84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob-	0502 and 607.1508, Florida Statutes, that of Florida. Such change was author ligations of, Section 607.0505, Florida:	he above rized by Statutes	e-named corp the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Rage	stered Ager	nt signature require	d when reinstating) DATE
		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IMEQ 40519 Darren Silverno	DELETE 1.1 TITLE			☐ Change ☐ Addition
		1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZP TIME DELETE 13 13 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		1.3 STREET ADDRESS		{
		1,4 CITY- ST-ZIP		☐ Change ☐ Addition
		2.11TILE		
NAME		2.2 NAME		
STREET ADDRESS			T ADDRESS -	
CITY-ST-ZIP		2.4 CITY-5 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
rm e		3.1 JIILE	1	

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CTTY-ST-ZIP

3.4. CITY-ST-ZIP

4.1.TERE __

4 2 NAME

SITTRE

52 NAME

6.1 TITLE

6.2 NAME

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 ceth; 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:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DREETOR

- DELETE -

DELETE

DELETE

Addition

☐ Addition

Addition

Change

Change

Change