PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800035327

1. Corporation Name

D.M.DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1020 CORAL RIDGE DR., #203

1020 CORAL RIDGE DR., #203

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 001 ***150.00



CORAL SPAINGS FL 330	1	CURAL SPRINGS FL 330/1			DO NOT WRITE IN THIS	SPACE	•
!					3. Date Incorporated or Qualifed	0.7.02	
•					04/16/1998		į
2. Principal Place of Bu	siness	2a. Mailing Address			4. FEI Number	Ar	oplied For
21 5222 NU	98th Way	26 5222 NW	98 th	way	65-0826472	<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional
22		27			5. Certifcate of Status Desired		equired
City & State 23 Conal Spin	ings Ft.	City & State 28 Conal Spring	s, Fo	_	Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip 22.07	Country	101	8. This corporation owes the current year Int		<u> </u>
24 33076	25 USA	29 22076 3	0 0	ISA	Personal Property Tax.	Yes	No
9. Nar	ne and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent _	·
MORANO, DAVID M				81 Name MORANO, DAVID M			
•				82 Street Address (P.O. Box Number is Not Acceptable) 5222 N.W. 48 Th Way			
1020 CORAL RIDGE DR., #203 CORAL SPRINGS FL 33071				52	22 N.W. 98th Way		
CORAL SPRII	NGS FL 330/ I		83		•		
. •				City /	and Garies El	85 Zip (Code
	007000				nal Springs FL		3076
11. Pursuant to the pro-	Asions of Sections 607.0502 agent of both, in the State of	2 and 607,1508, Florida Statutes of Florida. Such change was auth	, the above norized by t	-named c he comor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	changing its ntment as re	registered aistered
agent. I am familiar	with and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.	,	ration's board of directors. I hereby accept the appoi	0 -	3
SIGNATURE		Avin M. MORAN			3.12-	99	
Signator	ed of printed name of registered agent			signature req	julred when reinstaung) DATE		
mle D	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12 Addition
· \ 7	O DAVID M	[] perese	1.1 TITLE	(-	\mathcal{D}_{α}		[] Moninou
	IO, DAVID M		1.2 NAME		MORANO, DAYIO IN		ĺ
	ORAL RIDGE DR., #203		1.3 STREET	ADORESS	5222 NW 9844 Way	,	
	SPRINGS FL 33071		1.4 CITY-ST	ZIP	Monano, Dayio M 5222 NW 9844 Way Conal Springs, FL. 3307	6	
TITLE		☐ DELĒTE	2.1 TITLE		•	☐ Change	Addition
NAME			2.2 NAME				,
STREET ADDRESS			2.3 STREET	ADORESS			l
CITY-ST-ZIP	<u> </u>		2. 4 CITY-ST	- ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME .			3.2 NAME				
STREET ADDRESS	· ·		3.3 STREET	ADDRESS			}
CITY-ST-ZIP			3.4. CITY-ST	-ZIP			
TITLE ·		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	ĺ			ĺ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE	-	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME :			5.2 NAME				
STREET ADDRESS			5.3 STREET	NODRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			}
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			{
		· ·	64 CITY- ST.				

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 of 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 opporation 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 appetition and address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)